

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90023 029 ****61.25

DOCUMENT # N18157

1. Entity Name

MEMORIAL PARK ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3575 RIVERSIDE AVENUE
 JACKSONVILLE FL 32205
 US

C/O ALICIA B. GRANT
 3575 RIVERSIDE AVENUE
 JACKSONVILLE FL 32205-8448
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1515 Riverside Avenue

3. Mailing Address

c/o W. Robinson Frazier

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

1515 Riverside Ave., Ste. A

City & State

City & State

Jacksonville, FL

Jacksonville, FL

4. FEI Number

59-2765584

Applied For

Not Applicable

Zip
32204

Country
Duval

Zip
32204

Country
Duval

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, ALICIA B
 3575 RIVERSIDE AVENUE
 JACKSONVILLE FL 32205

Name

W. Robinson Frazier

Street Address (P.O. Box Number is Not Acceptable)

1515 Riverside Ave., Ste A

City

Jacksonville

FL

Zip Code
32204

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

4/24/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input type="checkbox"/> Delete
NAME	ROGERS, JOHN H	
STREET ADDRESS	4545 ORTEGA BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	JETER, WILLIAM H JR	
STREET ADDRESS	10110 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	TTR	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, STEWART	
STREET ADDRESS	1851 MALLORY ST	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	PTR	<input type="checkbox"/> Delete
NAME	GRANT, ALICIA MRS	
STREET ADDRESS	3575 RIVERSIDE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	STR	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, HON EMMET F III	
STREET ADDRESS	DUVAL COUNTY COURTHOUSE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	RANDALL C. BERG	
STREET ADDRESS	4982 ARAPHOE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

TITLE	VPTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogers, John H.	
STREET ADDRESS	4545 Ortega Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	VPTR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evans, Stuart B.	
STREET ADDRESS	1596 Lancaster Terrace, #1A	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	VPTR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McRae, Elizabeth G.	
STREET ADDRESS	1560 Lancaster Terrace, #502	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grant, Alicia Mrs.	
STREET ADDRESS	3575 Riverside Avenue	
CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	STR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Day, Margaret C.	
STREET ADDRESS	4444 McGirts Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	TTR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frazier, W. Robinson	
STREET ADDRESS	3420 Pine Street	
CITY-ST-ZIP	Jacksonville, FL 32205	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 (904) 388-4653

DATE DAYTIME PHONE #

CR2E037 (9/99)