

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90107 010 ****61.25

0010741

DOCUMENT # N18157
 1. Entity Name
MEMORIAL PARK ASSOCIATION, INC.

Principal Place of Business 1515 RIVERSIDE AVE. STE A JACKSONVILLE FL 32204 US	Mailing Address 1515 RIVERSIDE AVE. STE A JACKSONVILLE FL 32204 US
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UUUU0041



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 A	Suite, Apt. #, etc. 1515 Riverside Ave., Ste. A

City & State Jacksonville, FL	City & State Jacksonville, FL	4. FEI Number 59-2765584	Applied For <input type="checkbox"/> Not Applicable
Zip 32204	Country	Zip 32204	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent --
GRANT, ALICIA B
3575 RIVERSIDE AVENUE
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent
 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 *W. Robinson Frazier* **1-10-2001**
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ROGERS, JOHN H 4545 ORTEGA BLVD JACKSONVILLE FL 32210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JETER, WILLIAM H JR 10110 SAN JOSE BLVD JACKSONVILLE FL 32257 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR TAYLOR, STEWART 1851 MALLORY ST JACKSONVILLE FL 32205 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR GRANT, ALICIA MRS 3575 RIVERSIDE AVE JACKSONVILLE FL 32205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR FERGUSON, HON EMMET F III DUVAL COUNTY COURTHOUSE JACKSONVILLE FL 32202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR RANDALL C. BERG 4982 ARAPHOE AVE JACKSONVILLE FL 32210 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR Rogers, John H. 4545 Ortega Blvd. Jacksonville, FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTR Evans, Stuart B. 1596 Lancaster Terrace, #1A Jacksonville, FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTR McRae, Elizabeth G. 1560 Lancaster Terrace, #502 Jacksonville, FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Grant, Alicia Mrs. 3575 Riverside Avenue Jacksonville, FL 32205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR Day, Margaret C. 4444 McGirts Blvd. Jacksonville, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR Frazier, W. Robinson 3420 Pine Street Jacksonville, FL 32205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *W. Robinson Frazier* **1-10-2001 904-353-5616**
SIGNATURE REQUIRED DATE OFFICE REGISTERER

CR2E037 (10/00)