

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-14-2002 90021 005 ****61.25

DOCUMENT # N18157

1. Entity Name

MEMORIAL PARK ASSOCIATION, INC.

Principal Place of Business

1515 RIVERSIDE AVE.
 STE A
 JACKSONVILLE FL 32204
 US

Mailing Address

C/O W ROBINSON FRAZIER
 1515 RIVERSIDE AVE STE A
 JACKSONVILLE FL 32204
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2765584

Applied For

Not Applicable

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

FRAZIER, W. ROBINSON
 1515 RIVERSIDE AVE STE A
 JACKSONVILLE FL 32204

Name

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

City

FL

Zip Code

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

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 (11-10)

TITLE	PTR	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, JOHN H	
STREET ADDRESS	4545 ORTEGA BLVD	
CITY-STATE-ZIP	JACKSONVILLE FL 32210	
TITLE	VPTR	<input checked="" type="checkbox"/> Delete
NAME	EVANS, STUART B	
STREET ADDRESS	1596 LANCASTER TERR #1A	
CITY-STATE-ZIP	JACKSONVILLE FL 32204	
TITLE	VPTR	<input checked="" type="checkbox"/> Delete
NAME	MCRAE, ELIZABETH G	
STREET ADDRESS	1560 LANCASTER TERR #502	
CITY-STATE-ZIP	JACKSONVILLE FL 32204	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	GRANT, ALICIA MRS	
STREET ADDRESS	3575 RIVERSIDE AVE	
CITY-STATE-ZIP	JACKSONVILLE FL 32205	
TITLE	STR	<input type="checkbox"/> Delete
NAME	DAY, MARGARET C	
STREET ADDRESS	4444 MC GIRTS BLVD	
CITY-STATE-ZIP	JACKSONVILLE FL 32210	
TITLE	TTR	<input type="checkbox"/> Delete
NAME	FRAZIER, W. ROBINSON	
STREET ADDRESS	3420 PINE STREET	
CITY-STATE-ZIP	JACKSONVILLE FL 32205	

TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Foerster, David W.	
STREET ADDRESS	5023 Yacht Club Road	
CITY-STATE-ZIP	Jacksonville, FL 32210	
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burroughs, Richard B.	
STREET ADDRESS	P.O. Box 77	
CITY-STATE-ZIP	Jacksonville, FL 32210	
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evans, Stuart B.	
STREET ADDRESS	1596 Lancaster Terrace, #1A	
CITY-STATE-ZIP	Jacksonville, FL 32204	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Day, Margaret C.	
STREET ADDRESS	4444 McGirts Blvd.	
CITY-STATE-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

1-8-02

(904)353-5616

CR2E037 (9/01)