

2000 UNIFORM BUSINESS REPORT (UBR)

6/5

FILED
Aug 01, 2000 8:00 am
Secretary of State

06-05-2000 90041 002 ****61.25

DOCUMENT # N50437
 1. Entity Name
 BRENTWOOD PARK RESIDENT MANAGEMENT CORPORATION. *R*

Principal Place of Business Mailing Address
 3550 BRENTWOOD AVE APT 47 JACKSONVILLE FL 32206 US
 3550 BRENTWOOD AVE APT 47 JACKSONVILLE FL 32206-1836 US

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number 59-3140246 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 ALEXIS, MARY
 3550 BRENTWOOD AVENUE
 JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent
 Name CAROL A. SIMPSON
 Street Address (P.O. Box Number is Not Acceptable) 3270 Brentwood Ave.
 Jacksonville, Florida
 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 *Carol A. Simpson* DATE *May 22, 2000*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE PD	NAME ALEXIS, MARY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3254 BRENTWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE VPD	NAME HOLLOWMAN, WALTERINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3829 BRENTWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE S	NAME HOLLOWMAN, HAROLD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3829 BRENTWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE TDD	NAME MITCHELL, BETTY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3677 BRENTWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE SAA	NAME MEDDLER, ELNORA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3403 BRENTWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE BM	NAME KNIGHT, ROSIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3422 BRENTWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32206	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	NAME SIMPSON, CAROL A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3270 Brentwood Ave.	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE VPD	NAME RUDD, PAMELA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3472 Brentwood Ave.	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE S	NAME BROWN, THEODOSIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3331 Brentwood Ave.	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE	NAME PACE, NELLIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3139 Brentwood Ave.	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE	NAME B.M. HAYWOOD, NELSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3182 Brentwood Ave.	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE	NAME B.M. KNIGHT, ROSIE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3422 Brentwood Ave.	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	

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 another like empowered.
 SIGNATURE: *Carol A. Simpson* DATE: *May 22, 2000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/99)