

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91622 039 ****61.25

DOCUMENT # N97000004098

1. Entity Name

MYERS PARK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1412 SOUTH MERIDIAN ST
 TALLAHASSEE FL 32301**

**1412 SOUTH MERIDIAN ST
 TALLAHASSEE FL 32301**

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 **59-3526880**

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

7. Name and Address of New Registered Agent

**OLMSTEAD, ROBERT
 1412 SOUTH MERIDIAN ST
 TALLAHASSEE FL 32301**

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 IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	COSPER, CINDY	
STREET ADDRESS	520 OAKLAND AVE	
CITY-ST-ZIP	TALLA FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLMSTEAD, LAURA	
STREET ADDRESS	1412 SOUTH MERIDIAN ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ASKEVOLD, INGOLF	
STREET ADDRESS	1614 SO. MERIDIAN ST.	
CITY-ST-ZIP	TALLA FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITE, RICHARD	
STREET ADDRESS	1526 S GADSDEN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, BRINNEN	
STREET ADDRESS	1513 S GADSDEN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, JENNIFER	
STREET ADDRESS	1513 S GADSDEN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 *Robert O. Carter*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.02
 Date Daytime Phone #

CR2E037 (9/01)