

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90112 050 \*\*\*150.00

**DOCUMENT # 018179**

1. Entity Name  
**OAKLAWN CEMETERY ASSOCIATION**

Principal Place of Business

Mailing Address

**4801 SAN JOSE BLVD  
 JACKSONVILLE FL 32207**

**4801 SAN JOSE BLVD  
 JACKSONVILLE FL 32207-7867**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0380400**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TAYLOR, NEIL C  
 4801 SAN JOSE BLVD  
 JACKSONVILLE FL 32207**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	TAYLOR, WESLEY F., JR.	
STREET ADDRESS	4801 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TDP	<input type="checkbox"/> Delete
NAME	TAYLOR, NEIL C	
STREET ADDRESS	4801 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TAYLOR, JANICE O.	
STREET ADDRESS	4801 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	TAYLOR, JANICE E.	
STREET ADDRESS	4801 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAYLOR, MARK	
STREET ADDRESS	4801 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL C. TAYLOR DATE: January 5, 2000 DAYTIME PHONE #: 904-737-7171

CR2E034 (9/99)