2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90023 029 ****61.25

DOCUMENT # N18157

1. Entity Name

MEMORIAL PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3575 RIVERSIDE AVENUE JACKSONVILLE FL 32205 US	C/O ALICIA B. GRANT 3575 RIVERSIDE AVENUE JACKSONVILLE FL 32205-8448 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1515 Riverside Avenue	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
Zip: 32204 Country: Duval	Zip: 32204 Country: Duval

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
GRANT, ALICIA B 3575 RIVERSIDE AVENUE JACKSONVILLE FL 32205	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 — 4/24/2000

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TR ROGERS, JOHN H 4545 ORTEGA BLVD JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTR Rogers, John H. 4545 Ortega Blvd. Jacksonville, FL 32210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR JETER, WILLIAM H JR 10110 SAN JOSE BLVD JACKSONVILLE FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTR Evans, Stuart B. 1596 Lancaster Terrace, #1A Jacksonville, FL 32204	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TTR TAYLOR, STEWART 1851 MALLORY ST JACKSONVILLE FL 32205	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTR McRae, Elizabeth G. 1560 Lancaster Terrace, #502 Jacksonville, FL 32204	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTR GRANT, ALICIA MRS 3575 RIVERSIDE AVE JACKSONVILLE FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Grant, Alicia Mrs. 3575 Riverside Avenue Jacksonville, FL 32205	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STR FERGUSON, HON EMMET F III DUVAL COUNTY COURTHOUSE JACKSONVILLE FL 32202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STR Day, Margaret C. 4444 McGirts Blvd. Jacksonville, FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR RANDALL C. BERG 4982 ARAPHOE AVE JACKSONVILLE FL 32210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TTR Frazier, W. Robinson 3420 Pine Street Jacksonville, FL 32205	☐ Change ☒ Addition

CR2E037 (9/99)

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 Assistant — 4/21/00 — (904) 388-4643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #