

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90007 035 ****61.25

0070601

DOCUMENT # 705252

1. Entity Name

GEORGIAN CEMETERY PERPETUAL MAINTENANCE FUND, INC.
C.

Principal Place of Business

Mailing Address

P.O. BOX 542524
 MERRITT ISLAND FL 32952
 US

P.O. BOX 542524
 MERRITT ISLAND FL 32952
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1652324

Applied For

Not Applicable

Zip

Country

Zip

Country

32954-2524

32954-2524

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

PINKERTON, JAMES B JR
225-8 SPRING DRIVE
MERRITT ISLAND FL 32953

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 _____ DATE _____
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSD	<input type="checkbox"/> Delete
NAME	PINKERTON, JAMES B JR	
STREET ADDRESS	225-8 SPRING DR.	
CITY-ST-ZIP	MERRITT ISL FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATSKOSKI, ROBERT J	
STREET ADDRESS	2885 S TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAXLEY, STANLEY	
STREET ADDRESS	1360 N. COURTENAY PKWY.	
CITY-ST-ZIP	MERRITT ISL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEGERIF, EVERETT L.	
STREET ADDRESS	3000 S. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLAR, NED	
STREET ADDRESS	3950 OLD SETTLEMENT RD	
CITY-ST-ZIP	MERRITT ISL 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		
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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		

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: *James B. Pinkerton Jr* **JAMES B. PINKERTON JR.** 14 JAN 2002 321-453-6530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE