


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90190 022 ****61.25

DOCUMENT # 705252

1. Entity Name
GEORGIAN CEMETERY PERPETUAL MAINTENANCE FUND, IN C.



Principal Place of Business Mailing Address
P.O. BOX 542524 **P.O. BOX 542524**
MERRITT ISLAND FL 32954-2524 **MERRITT ISLAND FL 32954-2524**
US **US**



CHECK HERE IF MAKING CHANGES

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 **59-1652324** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James B. Pinkerton Jr.* **JAMES B. PINKERTON JR.** **18 Jan 2003**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

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	TD	<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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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** **18 JAN 2003** **321-453-5188**

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

CR2E037 (10/02)