2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716715 1. Entity Name

FT. MCCOY CEMETERY ASSOCIATION, INC.

Principal Place of Business Mailing Address 11780 NE 142ND PLACE 11790 NE 142ND PLACE P.O. BOX 97 P.O. BOX 97 FT. MCCOY FL 32134-0097 FT. MCCOY FL 32134 2. Principal Place of Business 3. Mailing Address

FILED Apr 29, 2000 8:00 am Secretary of State

04-29-2000 90050 001 ****61.25 04-29-2000 90050 002 *****8.75



Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
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City & State	е		City & State			į	4. FEI Number 59-3029762				Applie		┨	
Zip Country			Zip Coun		untry					\$8.75	Additio	oplicable nal	1	
		1011	<u></u>		1"	7. Name and Address of New Registered Agent								
	b. Name	and Address of Current I	Name		7. Name and Add	ress of New	Hegistered /	Agent	, <u>-</u>		┨.			
THOMAS, HOYALENE P.					Street Address (P.O. Box Number is Not Acceptable)									
11780 NE	142ND PL/											1		
FT MCCOY FL 32134														
					City					Zip Code				
8. The above	named entit	y submits this statement for	r the purpose of changing its	register	ed office or	registere	d agent, or both, in	the state of F	lorida.				1	
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SIGNATURE.	Clanatura broad	or printed name of registered agent a	and tyle if applicable /NOT	E: Decister	nd Agent eignati	uze required s	when reinstating)		DATE					
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FILE NOW: FEE IS \$61.25			9. Election Campaign		YV.		DO May Be Make Check Make Make Make Check Make Make Make Make Make Make Make Mak							
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10. OFFICERS AND DIRECTORS 11.						Α	DDITIONS/CHANG	ES TO OFFIC	ERS AND DI	RECTORS	IN 10		1.	
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NAME	THOMAS, HOYALENE P.			NAA		ľ								
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NAME	HARPER, EVELYN M			NAM							_	_		
STREET ADDRESS	14620 NE 113TH TER		STR	EET ADDRESS				-						
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NAME	HALL, HAI			NAM									ļ	
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12 Lhoroby o	ortifu that th	a information eupplied with	this filing does not qualify to	the eve	motion stat	ted in Sec	tion 119 07(3)(i). Fl	orida Statutes	L further cer	tify that th	e infor	mation	7	

r nereby 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.

4/20/2000 (352)236-2790