

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716715

1. Entity Name

FT. MCCOY CEMETERY ASSOCIATION, INC.

Principal Place of Business

11780 NE 142ND PLACE
P.O. BOX 97
FT. MCCOY FL 32134

Mailing Address

11780 NE 142ND PLACE
P.O. BOX 97
FT. MCCOY FL 32134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

THOMAS, HOYALENE P.
11780 NE 142ND PLACE
FT MCCOY FL 32134

4. FEI Number

59-3029762

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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.

SIGNATURE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
THOMAS, HOYALENE P.
11780 NE 142ND PLACE
FT MCCOY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WELLS, DANIEL J JR
16701 NE 148TH TERR RD
FT. MCCOY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARPER, EVELYN M
14620 NE 113TH TER
FT MCCOY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HALL, HARMON
1500 NE 59TH ST
OCALA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: HOYALENE P. THOMAS, DST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90110 001 *****61.25

04-20-2001 90110 002 *****8.75



DO NOT WRITE IN THIS SPACE

0009251

CR2E037 (10/00)

4/12/2001 (352) 236-2790
Date Daytime Phone #