2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am - Secretary of State **DOCUMENT # 718761** 1. Entity Name CROSBY LAKE CEMETERY ASSOCIATION, INC. 04-16-2002 90168 048 ****61.25 Principal Place of Business Mailing Address 308 S THOMPSON STREET 308 S THOMPSON STREET STARKE FL 32091 P.O. BOX 1209 STARKE FL 32091 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7434526 Not Applicable Zip Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent.7.-Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REGISTER, FREEMAN III 308 S THOMPSON STREET STARKE FL 32901 City 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 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition SHANNON, BOBBY NAME NAME ROUTE 1 BOX 828 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STARKE FL 32091 CITY-ST-ZIP TITI F Delete TITLE ☐ Change Addition NORMAN, RUSSELL A NAME 1305 E CALL ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP STARKE FL 32091 CITY-ST-ZIP TITLE Delete TITLE ☐ Changé ☐ Addition register, freeman III NAME NAME STREET ADDRESS HAMPTON STREET ADDRESS CITY-ST-ZIP STARKE FL 32091 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition **GRIFFIS, CLIFF** NAME NAME STREET ADDRESS ROUTE 3 BOX 1604 STREET ADDRESS CITY-ST-ZIP STARKE FL 32091 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition HARDY, CHASE NAME 327 N. WALNUT STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STARKE FL 32091 CITY-ST-ZIP TITLE □ Delete TITI F Change ☐ Addition FUTCH, STEVEN, P. NAME NAME STREET ADDRESS 514 EAST NONA STREET STREET ADDRESS CITY-ST-ZIP STARKE FL 32091 CITY-ST-ZIP

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Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TOPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Care

Desytime Phone #

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