

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

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90155 024 ****61.25

DOCUMENT # 718761

1. Entity Name

CROSBY LAKE CEMETERY ASSOCIATION, INC.



Principal Place of Business

**308 S THOMPSON STREET
STARKE FL 32091
US**

Mailing Address

**308 S THOMPSON STREET
P.O. BOX 1209
STARKE FL 32091
US**

60014177



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7434526**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**REGISTER, FREEMAN III
308 S THOMPSON STREET
STARKE FL 32901**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANNON, BOBBY ROUTE 1 BOX 828 STARKE FL 32091	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REGISTER, FREEMAN III HAMPTON STARKE FL 32091	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIS, CLIFF ROUTE 3 BOX 1604 STARKE FL 32091	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, CHASE 327 N. WALNUT STREET STARKE FL 32091	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FUTCH, STEVEN, P. 514 EAST NONA STREET STARKE FL 32091	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kent Petelle 1715 E. CAIL ST. STARKE FL 32091	☐ 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: *Register III* **2/25/03** **352-468-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER AND TITLE **2703**

CR2E037 (10/02)