

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90302 015 ****61.25

DOCUMENT # 766516

1. Entity Name

PINE RIDGE CIVIC & HISTORICAL CEMETARY ASSOCIATI

Principal Place of Business

Mailing Address

**OBTRIAL
 CORNED OF HOLMES '08
 KISSIMMEE FL 34744**

**1613 N. BRACK ST.
 KISSIMMEE FL 34744**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2957162

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

**LESESNE, WILLIAM
 1613 N. BRACK ST.
 KISSIMMEE FL 34741**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **BROWN, FRANK**
 STREET ADDRESS **2272 B MC LAREN CIRCLE**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

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

TITLE **SD** ☐ Delete
 NAME **LESESNE, MALINDA**
 STREET ADDRESS **1613 N. BRACK ST.**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

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

TITLE **TDGM** ☐ Delete
 NAME **LESESNE, WILLIAM**
 STREET ADDRESS **1613 N. BRACK ST.**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

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

TITLE **D** ☐ Delete
 NAME **BARRINGTON, WHITFIELD**
 STREET ADDRESS **1809 N. BRACK ST.**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

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

TITLE **New Member** ☐ Delete
 NAME **Lisa Green**
 STREET ADDRESS **159 Westmoreland Circle**
 CITY-ST-ZIP **Kissimmee, Florida 34744**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

William Lelesne
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 26, 2001 407-847-4897

CR2E037 (10/00)