

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90052 003 ****61.25

DOCUMENT # N02427

1. Entity Name

SALUDA CEMETERY ASSOCIATON, INC.

Principal Place of Business

Mailing Address

7421 NE US HWY 301
 HAWTHORNE FL 32640
 US

7421 NE US HWY 301
 HAWTHORNE FL 32640-9214
 US

010140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2719633**

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

DAVIS, ALIC S. MR.
 7421 NE US HWY 301
 HAWTHORNE FL 32640

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	<input type="checkbox"/> Delete
NAME	DAVIS, ALIC	
STREET ADDRESS	7421 NE US HWY 301	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVIS, JUDY	
STREET ADDRESS	7421 NE US HWY 301	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input type="checkbox"/> Delete
NAME	TILLIS, BRINCE	
STREET ADDRESS	P.O. BOX 566 N/A	
CITY-ST-ZIP	EARLTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGHERTY, PAUL	
STREET ADDRESS	740 SW JASMINE AVENUE	
CITY-ST-ZIP	KEYSTONE HEIGHT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YARBOROUGH, JOEY	
STREET ADDRESS	17426 NE 77TH LN	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *SIGNATURE REQUIRED* **Alic S. Davis** 1-30-00 352-468-2799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #