


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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90090 038 ****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
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2719633** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: *Alic S. Davis* **Alic S. Davis** 2/10/03 352-468-2799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)