

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90244 036 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N05667

1. Entity Name
PINECREST CEMETERY ASSOCIATION, INC.

Principal Place of Business 1530 S. FEDERAL HIGHWAY ROCKLEDGE FL 32955	Mailing Address 1530 S. FEDERAL HIGHWAY ROCKLEDGE FL 32955-2844
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-2740315** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**MOSS, JOSEPH R.
 1530 S FEDERAL HWY
 ROCKLEDGE FL 32955**

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.

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

FILE NOW: FEE IS \$61.25 **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCARBOROUGH, DOUG	
STREET ADDRESS	1345 STETSON DR., SOUTH	
CITY-ST-ZIP	COCOA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCARBOROUGH, O. D.	
STREET ADDRESS	1545 SALMON ST	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	RS	<input type="checkbox"/> Delete
NAME	SCARBOROUGH, BETH	
STREET ADDRESS	1345 STETSON DR SO	
CITY-ST-ZIP	COCOA FL	
TITLE	CS	<input type="checkbox"/> Delete
NAME	BLACK, AUDREY	
STREET ADDRESS	975 N. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	URSSING, MELBA	
STREET ADDRESS	55 RIVERSIDE DR., #204	
CITY-ST-ZIP	COCOA FL	
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
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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: *A.P.S. Scarborough P.D. P.C.A.I. 1-10-00 321-632-2627*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)