

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

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90068 041 ****61.25

DOCUMENT # **N05667**

1. Entity Name

Pinecrest Cemetery Association, Inc.

DO NOT WRITE IN THIS SPACE

B0057658

2. Principal Place of Business

1345 Stetson Dr. So.

Suite, Apt. #, etc.

3. Mailing Address

1345 Stetson Dr. So.

Suite, Apt. #, etc.

City & State

Cocoa, FL

City & State

Cocoa, FL

4. FEI Number

59-2740315

Applied For

Not Applicable

Zip

32922

Country

Brevard

Zip

32922

Country

Brevard

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current 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

D.P. Scarborough **D.P. Scarborough**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-25-02

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
Scarborough, Doug
1345 Stetson Dr. So.
Cocoa, FL 32922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
Scarborough, D.D.
4609 Mounting Dove Dr.
Merritt Island, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**RS
Scarborough, Beth
1345 Stetson Dr. So.
Cocoa, FL 32922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CS
Black Audrey
975 N. Tropical Trail
Merritt Island, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
Urssing, Melba
55 Riverside Dr. #204
Cocoa, FL 32922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

D.P. Scarborough **D.P. Scarborough**

3-25-02

321-632-2627

CR2E037B (12/01)