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

## DOCUMENT # NILOGO

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FILED
Sep 08, 2003 8:00 am
Secretary of State

1. Entity Nam	R CEMETERY ASSOCIATION	09.	-08-2003 90325 040	****61.2	25			
Principal Place 10898 S. HWY P.O. BOX 1298 WEBSTER FL. ( US	•	Mailing Address P.O. BOX 933 WEBSTER FL 33597		J 18591191 801 110	I 30/10 (0/10 (1/1) 30/1 (1/1) (1/1)	878 V 888 V 848	II <b>B</b> IBII I <b>I</b> BI	
2. Principal Place of Business 3. Mailing		3. Mailing Address	ailing Address					
Suite, Apt. #, etc. Suit		Suite, Apt, #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 59-1692170		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	8.75 Add ee Require	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
DOBSON, SHIRLEY 1770 10898 S. HWY 471 PO BOX 1296			Name Street Ado	Name Street Address (P.O. Box Number is Not Acceptable)				
	R FL 33597		City	City FL Zip Code			e	
the obligat	named entity submits this statement for ions of registered agent.  Signature, typed or printed name (registered agent)  FILE NOW: FEE IS \$61.25 tember 10, 2003, min will be \$2	t and title if applicable. (NOTE	: Registered Agent signature	required when reinstating)	Make Check Florida Departr	Payable 1	to	
10,	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRE	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Radney, Lillian 8359 S R 471 Webster Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOBSON, HAROLD -10898 S. HWY, 471- WEBSTER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	in a second	1	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PITTS, JOANN 1042 CR 753-5 WEBSTER FL 33597	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPARKMAN, MARTHA ANN 1623 CR 718 WEBSTER FL 33597	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		}	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, FLOYD 524 CR 778 WEBSTER FL	<b>□</b> Velete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WE ASTER . J.	4471 33597	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, FRANK 167 NE 2ND AVENUE WEBSTER FL	<b>№</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Wilson P.O. BOY 6: WEBSTER,	32 FL 33597	Change	Addition	

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.