

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90004 010 ****75.00

DOCUMENT # N17877

1. Entity Name

SOUTH SUMTER EVERGREEN CEMETERY ASSOCIATION, INC

Principal Place of Business

Mailing Address

P.O. BOX 577, FINKLEY STREET
BUSHNELL FL 33513

P.O. BOX 577, FINKLEY STREET
BUSHNELL FL 33513

2. Principal Place of Business

P.O. Box 577, Finkley St

3. Mailing Address

P.O. Box 577, Finkley Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 577, Finkley Street

City & State

City & State

Bushnell, FL

Bushnell, FL

Zip

Country

Zip

Country

33513

USA

33513

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADLEY, RICHARD L.
POST OFFICE BOX 577, FINKLEY STREET
BUSHNELL FL 33513

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 reinstalling)

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

TITLE	P	☐ Delete
NAME	GRAHAM, ROBERT	
STREET ADDRESS	308 SOUTH PINE STREET	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	D	☐ Delete
NAME	HALL, JAMES	
STREET ADDRESS	CR 727-11423 N/A	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	D/S	☐ Delete
NAME	BRADLEY, RICHARD	
STREET ADDRESS	P.O. BOX 577, FINKLEY ST N/A	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	D	☐ Delete
NAME	TAYLOR, GEORGE M	
STREET ADDRESS	173 JEFFERSON ST	
CITY-ST-ZIP	CENTER HILL FL 33514	
TITLE	D	☐ Delete
NAME	STEPHENS, CARL	
STREET ADDRESS	C476 A 6608	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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: *Richard L. Bradley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01 (352) 793-3415
Date Daytime Phone #

CR2E037 (10/00)