

2002 UNIFORM BUSINESS REPORT (UBR)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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 reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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.

SIGNATURE:

Richard L. Bradley
Richard L. Bradley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-02

Daytime Phone #

(352) 793-3415



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)