## **2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N17877** 1. Entity Name SOUTH SUMTER EVERGREEN CEMETERY ASSOCIATION, INC. Principal Place of Business P.O. BOX 577, FINKLEY STREET

## FILED Jan 24, 2002 8:00 am Secretary of State

01-24-2002 90365 044 \*\*\*\*75.00

		P.O. 80X 577. FINKLEY STREET BUSHNELL FL 33513						
2. Principal P	Place of Business	3. Mailing Address						
				1 1881/101 601 118	) 1989/101 EO1 110/1 10001 10/11 FOOT FOOT OF OTHER DIDITORS DIDITORS OF THE FOOT OF THE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number NOT APPLICABLE Applied For Not Applicable			
Zip Country		Zip	Country	5. Certificate of Sta	5. Certificate of Status Desired			
	6. Name and Address of Current I	I Registered Agent	<u> </u>	7. Name and Add	ress of New Registered Ag	<u>'</u>		
		<del>-</del>	Name					
DDADIEV	DICUADO		Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
	RICHARD L. FICE BOX 577, FINKLEY STREET							
	L FL 33513							
500::::			City		FL	Zip Code		
8 The above	named entity submits this statement for	the nurnose of changing it	e registered office or	registered agent or both in		<u> </u>		
•• •••	That state of the	the purpose of that iging it	o regiotores emec er	· · · · · · · · · · · · · · · · · · ·	ino siato oi rionaa.			
SIGNATURE,	Signature, typed or printed name of registered agent a	and title if applicable (MO	TE: Dogistornd Agent signatur	re required when reinstating)	DATE		'	
	orginature, typed or printed mains or registered agent a	THE TRAPPLICADIE. (140	re. Hagistereo Agent signatu	. I addings witeli (enizratiliă)	DATE			
**		9 Floation Co	masian Einanoina	<b>65.00</b> -	Maka Chask I	Dauahia ta		
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 DIR	ECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRE			_
TITLE	P DALLANA DODERT	☐ Delete	' TITLE			Change	Addition	<u>%</u>
NAME STREET ADDRESS	Graham, Robert 308 South Pine Street		NAME STREET ADDRESS					3) /4
CITY-ST-ZIP	BUSHNELL FL 33513		CITY-ST-ZIP				,	8
TITLE	D	□ Delete	TITLE			Change [	Addition	CR2E037 (9/01)
NAME	HALL, JAMES	— Delete	NAME			Onling		_
STREET ADDRESS	CR 727-11423 N/A		STREET ADDRESS				ļ	
CITY-ST-ZIP	WEBSTER FL 33597		CITY-ST-ZIP				i	
TITLE ·	D/S	. Delete	TITLE			Change	Addition	
NAME	BRADLEY, RICHARD		NAME			•		
	P.O. BOX 577, FINKLEY ST N/A		STREET ADDRESS	in the same of the same	اللحاظ بالسبب الحاليات			
CITY-ST-ZIP	BUSHNELL FL 33513		CITY-ST-ZIP		-			
TITLE	D Taylor, george M	☐ Delete	TITLE		[	Change	Addition	
NAME STREET ADDRESS	173 JEFFERSON ST		NAME STREET ADDRESS					
CITY-ST-ZIP	CENTER HILL FL 33514		CITY-ST-ZIP					
TITLE	D	Delete	TITLE	- 183	<del></del> г	☐ Change [	Addition	
NAME	STEPHENS, CARL	□ Delete	NAME		L	Unange	Addition	
	C476 A 6608		STREET ADDRESS					

12. Thereby 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

**SIGNATURE:** 

**BUSHNELL FL 33513** 

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Addition