

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91703 009 \*\*\*\*61.25

**DOCUMENT # N38113**

1. Entity Name

**BLOOMINGDALE COOPERATIVE CEMETERY COMPANY**

Principal Place of Business

Mailing Address

% PATRICIA COOLEY  
 3212 PEARSON RD.  
 VALRICO FL 33594

% PATRICIA COOLEY  
 3212 PEARSON RD.  
 VALRICO FL 33594

**BU120242**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2958383**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**COOLEY, PATRICIA**  
**3212 PEARSON RD.**  
**VALRICO FL 33594**

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	PD	<input type="checkbox"/> Delete
NAME	JOSEPH, HELEN E	
STREET ADDRESS	604 CLAY CT	
CITY-ST-ZIP	BRANDON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTIN, CANDI	
STREET ADDRESS	3202 LITHIA RD	
CITY-ST-ZIP	VALRICO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIXON, MARY ELLEN	
STREET ADDRESS	1522 BLUETAIL DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COOLEY, PATRICIA	
STREET ADDRESS	3212 PEARSON ROAD	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOWLER, JAMES D.	
STREET ADDRESS	P.O. BOX 53 N/A	
CITY-ST-ZIP	DURANT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATERS, WYLEY	
STREET ADDRESS	P.O. BOX 532 N/A	
CITY-ST-ZIP	DURANT FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Patricia Cooley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/02  
 Date

813-681-1106  
 Daytime Phone #

CR2E037 (9/01)