2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State
01-22-2001 90038 036 ****61.25

0006294

DOCUMENT # N38497

1. Entity Name

AVON PARK CEMETERY ASSOCIATION

Principal Place of Business	Mailing Address
AVON PARK CEMETERAY ASSOC 591 N US 27 HWY AVON PARK FL 33825 US	PO BOX 599 AVON PARK FL 33826

A00007615

DO NOT WRITE IN THIS SPACE

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 59-0751585 ☐ 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
HENDERSON, ROBERT 29 EAST WALNUT STREET AVON PARK FL 33825	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	ST AKSELSEN, BETTY 905 WEST PLEASANT ST AVON PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANNA DEE SHAW 2600 S. LAKE DENTON DR. AVON PARK, FL 33825	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WICKER, GERALD R 301 N VERONE AVE AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ROBERT HENDERSON 29 EAST WALNUT ST AVON PARK, FL 33825	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BORDER, GEORGE 860 N. LAKE AVENUE AVON PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIRACLE, THEDA 64 N. HIGHLANDS AVE. AVON PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARABERIS, MARGARET M 17N HIGHLANDS AVE AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST TALLEY, DIANE D 309 S CENTRAL AVE AVON PARK FL 33825	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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. ROBERT HENDERSON

SIGNATURE: SIGNATURE REQUIRED Robert Henderson 1-8-2001 863-453-4141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #