## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## **FILED DOCUMENT # N42181** May 17, 2000 8:00 am Secretary of State 1. Entity Name LADY LAKE CEMETERY ASSOCIATION, INC. 05-17-2000 90941 010 \*\*\*\*61.25 Mailing Address Principal Place of Business POST OFFICE BOX 1677 POST OFFICE BOX 1677 LADY LAKE FL 32159 LADY LAKE FL 32158-1677 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2152325 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ANDERSON, PAUL S. 2625 GRIFFINVIEW DR. LADY LAKE FL 32159 Zip Code City 8. The above named entity submits this state of 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Addition TITLE TITLE ☐ Detete ANDERSON, GARY E. NAME STREET ADDRESS 201 EAST LADYLAKE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP lady lake fl ☐ Addition Change ☐ Delete TITLE TITLE MORRIS, DONNA NAME NAME STREET ADDRESS STREET ADDRESS 2713 GRIFFIN AVE. CITY-ST-ZIP CITY-ST-ZIP LADY LAKE FL Addition --TITLE ☐ Change ☐ Delete TITLE . \_\_ NAME HELANDER, NANCY NAME STREET ADDRESS STREET ADDRESS 1343 SPRING LAKE ROAD CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL 34731 ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #