

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90156 043 ****61.25

DOCUMENT # N99000000431

1. Entity Name
LEESBURG CEMETERIES, INC.



Principal Place of Business

**306 THOMAS AVENUE
LEESBURG FL 34748**

Mailing Address

**POST OFFICE BOX 490804
LEESBURG FL 34749-0804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0652249**

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

**DODGE, MARY L
22562 W. LOOP ROAD
GROVELAND FL 34736**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **DODGE, MARY L**
STREET ADDRESS **P.O. BOX 526**
CITY-ST-ZIP **OKAHUMPKA FL 34762-0526**

TITLE **Sec./Treas** ☐ Change ☒ Addition
NAME **Lucia G. White**
STREET ADDRESS **117 W. Sterling Way**
CITY-ST-ZIP **Leesburg, FL 34788**

TITLE **DV** ☒ Delete
NAME **CLELAND, RALPH**
STREET ADDRESS **111 N CHESTER ST**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **Trustee** ☐ Change ☒ Addition
NAME **Meredith Kirste**
STREET ADDRESS **1608 Loves Point Dr.**
CITY-ST-ZIP **Leesburg, FL 34748**

TITLE **D** ☐ Delete
NAME **HALL, PAT**
STREET ADDRESS **P.O. BOX 491706**
CITY-ST-ZIP **LEESBURG FL 34749-1706**

TITLE **Trustee** ☐ Change ☒ Addition
NAME **Richard Boliek**
STREET ADDRESS **1403 Spring Lake Rd.**
CITY-ST-ZIP **Fruitland Park, FL 34731**

TITLE **D** ☐ Delete
NAME **FARNER, GEORGE W**
STREET ADDRESS **5379 CR 122 N**
CITY-ST-ZIP **WILDWOOD FL 34785**

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

TITLE **D** ☐ Delete
NAME **STIVENDER, JIM**
STREET ADDRESS **1415 PARK HOLLAND RD**
CITY-ST-ZIP **LEESBURG FL 34748**

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

TITLE **TD** ☐ Delete
NAME **DORRIS, GORDON**
STREET ADDRESS **2609 W COLONIAL ST**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Dorris, Gordon**
STREET ADDRESS **2609 W. Colonial St.**
CITY-ST-ZIP **Leesburg, FL 34748**

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:

Mary L Dodge, President 04-08-03 352-326-9085

CR2E037 (10/02)