

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 018103

1. Entity Name

EDGEWOOD CEMETERY ASSOCIATION

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90056 002 ***150.00

Principal Place of Business

Mailing Address

BOX 312
JACKSONVILLE FL 32201

BOX 312
JACKSONVILLE FL 32201-0312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0230470

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

PRICE, WARREN E
764 QUEENS HARBOUR BL
JACKSONVILLE FL 32225

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME PRICE, WARREN E
STREET ADDRESS 764 QUEENS HARBOUR BLVD
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ Delete

TITLE DS
NAME PRICE, ROBERT W
STREET ADDRESS 1875 HICKORY LANE
CITY-ST-ZIP ATLANTIC BEACH FL 32233

☐ Delete

TITLE DV
NAME PRICE, CLIFFORD E JR
STREET ADDRESS 1728 ALDER DR.
CITY-ST-ZIP ORANGE PARK FL 32273

☐ Delete

TITLE DT
NAME PRICE, RICHARD A
STREET ADDRESS 4420 MONUMENT PT. RD.
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ Delete

TITLE D
NAME JAMES, LILLIAN P
STREET ADDRESS 9645 VILLERS DR. S.
CITY-ST-ZIP JACKSONVILLE FL 32221

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Warren E Price* WARREN E PRICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-1-00 904-220-9445

Daytime Phone #

CR2E034 (9/99)