

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701978

1. Entity Name

EDGEWATER CEMETERY ASSOCIATION INC

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90074 004 \*\*\*\*61.25

Principal Place of Business

700 S. RIDGEWOOD AVE.  
EDGEWATER FL 32132  
US

Mailing Address

P.O. BOX 987  
EDGEWATER FL 32132-0987  
US

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

59-0920225

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

BOLES, GARY L.  
233 S. SAMSULA DR.  
NEW SMYRNA BEACH FL 32168

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 ☐ Delete  
NAME PLETESKI, HELEN  
STREET ADDRESS 3782 STRAWBERRY LANE  
CITY-ST-ZIP NEW SMYRNA BEACH FL

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

TITLE TD ☐ Delete  
NAME WILKENS, GEORGE B  
STREET ADDRESS 908 S RIVERSIDE DR  
CITY-ST-ZIP EDGEWATER FL

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

TITLE VPD ☐ Delete  
NAME MCGEE, WILLIAM K  
STREET ADDRESS 250 E HALIFAX AVE  
CITY-ST-ZIP OAK HILL FL 32754

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

TITLE ST ☐ Delete  
NAME BOLES, GARY L.  
STREET ADDRESS 233 S. SAMSULA DR.  
CITY-ST-ZIP NEW SMYRNA BEACH FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*GARY L. BOLES*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

904 427 162

Daytime Phone #

CR20017 (9/99)