

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702081

1. Entity Name

CONWAY CEMETERY FOUNDATION INC

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90018 016 ****61.25

Principal Place of Business

Mailing Address

3401 S. CONWAY ROAD
 ORLANDO FL 32812-7601

3401 S. CONWAY ROAD
 ORLANDO FL 32812-7601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0965751

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

PARRISH, CHARLES
 3631 CONWAY GARDENS ROAD
 ORLANDO FL 32806

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

Charles Parrish Charles Parrish

5/1/00

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 PARRISH, CHARLES
 STREET ADDRESS 3631 CONWAY GARDENS ROAD
 CITY-ST-ZIP ORLANDO FL 32806

TITLE ~~PD~~ ☒ Change ☐ Addition
 NAME Hudson, Wayne
 STREET ADDRESS 3556 Country Lakes Drive
 CITY-ST-ZIP Orlando, FL 32812

TITLE ~~VD~~ ☐ Delete
 NAME HUDSON, WAYNE
 STREET ADDRESS 3556 COUNTRY LAKES DRIVE
 CITY-ST-ZIP ORLANDO FL 32812

TITLE ~~VD~~ ☒ Change ☐ Addition
 NAME Givens, Randy
 STREET ADDRESS 3725 Gatlan Woods Dr.
 CITY-ST-ZIP Orlando, FL 32812

TITLE ~~TD~~ ☐ Delete
 NAME LIVINGSTON, SUE
 STREET ADDRESS 359 BELOIT
 CITY-ST-ZIP WINTER PARK FL

TITLE ~~TD~~ ☒ Change ☐ Addition
 NAME Parrish, Charles
 STREET ADDRESS 3631 Conway Gardens Rd.
 CITY-ST-ZIP Orlando, FL 32806

TITLE ~~S~~ ☐ Delete
 NAME PAEDEN, LEWIS C
 STREET ADDRESS 1725 WHITE AVE
 CITY-ST-ZIP ORLANDO FL 32806

TITLE ~~S/D~~ ☒ Change ☐ Addition
 NAME Margaret Parrish, Margaret
 STREET ADDRESS 3631 Conway Gardens Rd
 CITY-ST-ZIP Orlando, FL 32806

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:

Charles Parrish SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 4078556254

Date

Daytime Phone #

CR2E037 (9/99)