

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90005 006 ****61.25

DOCUMENT # 704967

1. Entity Name

PORT ORANGE CEMETERY ASSOCIATION INC

Principal Place of Business

Mailing Address

**4390 RIDGEWOOD AVENUE
 PORT ORANGE FL 32127**

**4390 RIDGEWOOD AVENUE
 PORT ORANGE FL 32127**

916395



DO NOT WRITE IN THIS SPACE

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

59-2262065

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

**DOUGHTY, CHRISTINE
 404 WESTERN ROAD
 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 **DOUGHTY, CHRISTINE**
 STREET ADDRESS **404 WESTERN RD.**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

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

TITLE **VPD** ☐ Delete
 NAME **RUITER, E.J**
 STREET ADDRESS **1306 MARINA AVE**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

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

TITLE **STD** ☐ Delete
 NAME **MOORE, PEGGY**
 STREET ADDRESS **5703 RIVERSIDE DRIVE**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

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

TITLE **T** ☐ Delete
 NAME **ARNOLD, RICHARD**
 STREET ADDRESS **5229 RIDGEWOOD**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Change ☐ Addition
 NAME **Robert F. Moore**
 STREET ADDRESS **5703 Riverside Dr**
 CITY-ST-ZIP **Port Orange, Fla. 32127**

TITLE **T** ☐ Delete
 NAME **PAGLIARULA, ELLEN**
 STREET ADDRESS **128 OLD CARRIAGE RD.**
 CITY-ST-ZIP **PONCE INLET FL 32317**

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

TITLE **T** ☐ Delete
 NAME **EATON, BILLY Geraldine**
 STREET ADDRESS **941 VILLAGE TR.**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Change ☐ Addition
 NAME **Geraldine Eaton**
 STREET ADDRESS **941 Village Dr**
 CITY-ST-ZIP **Port Orange, Fla. 32127**

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:

Christine Doughty
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-02

Date

386-767-0120

Daytime Phone #

CR2E037 (9/01)