

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713558

1. Entity Name

CHRISTMAS CEMETERY ASSOCIATION, INC.

Principal Place of Business

23644 CHRISTMAS CEMETERY RD.
P O BOX 76
CHRISTMAS FL 32709
US

Mailing Address

P.O. BOX 76
CHRISTMAS FL 32709-0076
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

59-6151076

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

STORY, FAYE K
636 RIVERWOODS TRAIL
CHULUOTA FL 32766

Name

M. Christine Canada

Street Address (P.O. Box Number is Not Acceptable)

4450 Chuluota Rd.

Orlando, Fl, 32820

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

M. Christine Canada

Mar. 11, 2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TUREX, JOESPH 24430 NETTLES RD CHRISTMAS FL 32709	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STORY, CHARLES 636 RIVERWOODS TRAIL CHULUOTA FL 32766	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STORY, FAYE K 636 RIVERWOOD TRAIL CHULUSTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCD STORY, MARTHA 700 COLUMBIA SCHOOL RD ORLANDO FL 32833	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROOKS, HERMAN 5015 TAYLOR CREEK ROAD CHRISTMAS FL 32709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CANADA, CARL 15022 OLD CHENEY HWY ORLANDO FL 32826	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Charles Story 636 Riverwoods Trail Chuluota, Fl. 32766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Sam Clark 1033 N. Fort Christmas Rd. Christmas, Fl. 32709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD M. Christine Canada 4450 Chuluota Rd. Orlando, Fl. 32820	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

M. Christine Canada (M. Christine Canada) Mar. 11, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4 (Daytime) 568-2439



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)