

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717838

1. Entity Name

ASTOR PARK CEMETERY, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90002 024 ****61.25

Principal Place of Business

**22200 BLUE CREEK LODGE ROAD
 ASTOR FL 32102**

Mailing Address

**22200 BLUE CREEK LODGE ROAD
 ASTOR FL 32102-2104**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2869820

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

**HUTCHINSON, JOHN W
 22200 BLUE CREEK LODGE ROAD
 ASTOR FL 32102**

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	DP	<input type="checkbox"/> Delete
NAME	HUTCHINSON, JOHN W	
STREET ADDRESS	22200 BLUE CREEK LODGE RD	
CITY-ST-ZIP	ASTOR FL 32102	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HUNSTMAN, RUTH	
STREET ADDRESS	21329 DARDEN RD	
CITY-ST-ZIP	ASTOR FL 32102	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHADDIX, JAMES E	
STREET ADDRESS	22406 BLUE CREEK LODGE RD	
CITY-ST-ZIP	ASTOR FL 32102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUSTAFSON, TOM	
STREET ADDRESS	5150 HWY 40 XXX	
CITY-ST-ZIP	ASTOR FL 32102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALSOBROOK, DENNIS	
STREET ADDRESS	PO BOX 51 NA XXXXX	
CITY-ST-ZIP	ASTOR FL 32102	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAY, CAROL	
STREET ADDRESS	22440 BLUE CREEK LODGE RD	
CITY-ST-ZIP	ASTOR FL 32102	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAPPE EDWARD	
STREET ADDRESS	22324 BLUE CREEK LODGE RD.	
CITY-ST-ZIP	ASTOR FL. 32102	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASLEY DOUGLAS	
STREET ADDRESS	279 s. central ave.	
CITY-ST-ZIP	UMATILLA FL. 32784	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/2000
 Daytime Phone # _____

CR2E037 (9/99)