2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
02-02-2001 90236 001 ****61.25
02-02-2001 90236 002 *****8.75

DOCUMENT # 748868

1. Entity Name

ROSE CEMETERY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 1634 TARPON SPRINGS FL 34688-1634	P O BOX 1634 TARPON SPRINGS FL 34688-1634

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
312 E. Harrison St.	P. O. Box 1634
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tarpon Springs, Fl	City & State: Tarpon Springs, Fl
Zip: 34689 Country: Pinellas	Zip: 34688-1634 Country: Pinellas

4. FEI Number: 26-3741061 ☐ 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
COLE, E L , ST 520 LINCOLN AVE TARPON SPRINGS FL FL 34689	Name: ALFRED QUARTERMAN Street Address (P.O. Box Number is Not Acceptable): 7704 GREYBRICH TERRACE City: PORT RICHEY FL Zip Code: 34668

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: Alfred Quarterman 1/30/2001
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	S/D MONTGOMERY, ELLEN GATE 635 LINCOLN AVE. TARPON SPRINGS, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/D DABBS, ANNIE DORIS 803 S. DISSTON AVE TARPON SPRINGS, FL 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/T HICKS, BOBBIE L 426 OAKWOOD ST TARPON SPRINGS, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/T COLE, EDDIE LEE 520 LINCOLN AVE TARPON SPRINGS, FL 34689	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD/T WILSON, JANIE J 320 HARRISON ST TARPON SPRINGS, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER /T WILSON, JANIE J. 320 HARRISON STREET TARPON SPRINGS, FL 34689	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T COLE, EL SR. 520 LINCOLN AVE. TARPON SPRINGS, FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT /T QUARTERMAN, ALFRED 7704 GREYBRICH TERRACE PORT RICHEY, FL 34668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUARTERMAN, ALFRED 7704 GREYBIRCH TERRACE PORT RICHEY FL 34688	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN /D HICKS, BOBBIE L. 426 OAKWOOD STREET TARPON SPRINGS, FL 34689	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCNEAL, STANLEY 312 E MT LUTHER KING DR TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MCNEAL, STANLEY L. 312 E. MARTIN LUTHER KING JR. DR. TARPON SPRINGS, FL 34689	☐ Change ☐ Addition

CR2E037 (10/00)

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: Alfred Quarterman Alfred Quarterman 1/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #