

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90183 007 ****70.00

DOCUMENT # 748868

1. Entity Name
ROSE CEMETERY ASSOCIATION, INC.



Principal Place of Business
**312 E HARRISON ST
TARPON SPRINGS FL 34689**

Mailing Address
**P O BOX 1634
TARPON SPRINGS FL 34688-1634**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **26-3741061**

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

**QUARTERMAN, ALFRED
7704 GREYBRICH TERRACE
PORT RICHEY FL 34668**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S/D** ☐ Delete
NAME **FORTNER-JOHNSON, SHARI**
STREET ADDRESS **3116 LUDLOW DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **VP/T** ☒ Delete
NAME **JOHNSON, LEAH S**
STREET ADDRESS **431 E OAKWOOD STREET**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **TD/T** ☐ Delete
NAME **WILSON, JANIE J**
STREET ADDRESS **320 HARRISON ST**
CITY-ST-ZIP **TARPON SPRINGS, FL 00000**

TITLE **P/T** ☐ Delete
NAME **QUARTERMAN, ALFRED**
STREET ADDRESS **7704 GREYBRICH TERRACE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **CD** ☐ Delete
NAME **HICKS, BOBBIE L**
STREET ADDRESS **426 OAKWOOD STREET**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☐ Delete
NAME **MCNEAL, STANLEY**
STREET ADDRESS **312 E MT LUTHER KING DR**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

TITLE **VP/T Miller, Frank C.** ☒ Change
NAME
STREET ADDRESS **36-36 Latimer Street**
CITY-ST-ZIP **New Port Richey FL 34652**

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

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

TITLE ☐ Change ☐ Addition
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: **Janie J. Wilson**
SIGNATURE REQUIRED **Janie J. Wilson 1/16/03 (127) 937-3084**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

UNCEW37 (10/02)