## 2003 NOT-FOR-PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 754253**

1. Entity Name



May 05, 2003 8:00 am § Secretary of State

05-05-2003 90178 043 \*\*\*\*61.25

Amenda Place of Guimess Malifry Address BUS NW. 4151 DRIVE GAMEWOULE FL 26250 US SURV. ACT. # 690  City & State  C	THE TUME	PKINS FAMILY CEMETERY	INCORPORATED		1(			
Sulfo, Apt. 4, etc.  Sulfo, Ap	% MARY MURPHY		% MARY MURPHY 6125 N.W. 41ST DRIVE GAINESVILLE FL 32653			188 JULI BUBU BUBU BUBU BUBU B	1881 <b>1</b> 881) 1 <b>88</b> 1	
City & Stato  City City  City	2. Principal Place of Business		3. Mailing Address					
Note   Procession   Processio	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERI	CHECK HERE IF MAKING CHANGES		
See Name and Address of Current Registered Agent  TOMPKINS, RALPH J 2107 W. NORFOLK  JEMPA FL 33804-5348  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:  Signaru, figed or pread rame of registered agent.  PU PLE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Controllation.  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Address of Proceedings of the Process of Campaign Financing Trust Fund Controllation.  The Applications of registered agent.  Date  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Address of Proceedings of the Process of Campaign Financing Trust Fund Controllation.  The Applications of File Now Airs DRIVE Trust Fund Controllation.  The Applications of File Now Airs DRIVE Trust Fund Controllation.  The Applications of File Now Airs DRIVE Trust Fund Controllation.  The Applications of File Now Airs DRIVE Trust Fund Controllation.  The Applications of File Now Airs DRIVE Trust Fund Controllation.  The Applications of File Now Airs DRIVE Trust Fund Controllation.  The Applications of File Now Airs DRIVE Trust Fund Controllation.  The Applications of File Now Airs DRIVE Trust Fund Controllation.  The Applications of File Now Airs DRIVE Trust Fund Controllation.  The Applications of File Now Airs DRIVE Trust Fund Controllation.  The Applications of File Now Airs DRIVE Trust Fund Controllation.  The Applications of File Now Airs DRIVE Trust Fund Controllation.  The Applications of File Now Airs DRIVE Trust Fund Controllation.  The Applications of File Now Airs DRIVE Trust Fund Controllation.  The Applications of File Now Airs DRIVE Trust Fund Controllation.  The Applications of File Now Airs DRIVE Trust Fund Controllation.  The Applications of File Now Airs DRIVE Trust Fund Controllation.  The Applications of File Now Airs Proceed Trust Fund Controllation.  The Applica	City & State		City & State		4. FEI Number 65-0051742			
TOMPKINS, RALPH J 2107 W. NORFOLK 21MPA FL 33604-5348  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Portide. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature Typed or printed rame of registered agent and the I supercible.  (ICITE Registered Agent superior required when enrolled agent, or both, in the State of Portide. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature Typed or printed rame of registered agent and the I supercible.  (ICITE Registered agent superior required when enrolled agent and the supercible.  (ICITE Registered agent superior required agent and the supercible.  (ICITE Registered agent superior required agent and the supercible.  (ICITE Registered agent superior required agent agent and the supercible.  (ICITE Registered agent superior required agent agent agent agent and the supercible.  (ICITE Registered agent superior required agent	Zip	Country	Zip	Country	5. Certificate of Status Desired	□ \$8.75 A	dditional	
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2107 W. NORFOLK  GMPA FL 33604-5348  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bolls, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATU				Name				
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12. Thereby 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.	1							

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 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: