2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 759825** Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** NEWNANSVILLE, ALACHUA CEMENTARY ASSOCIATION, INC 01-24-2000 90103 021 ****61.25 Principal Place of Business Mailing Address 14209 148TH PLACE 76 W. FLA. AVE. P.O. BOX 471 P.O. BOX 471 ALACHUA FL 32616-0471 $\mathbf{v} \cdot \mathbf{v} \cdot \mathbf{v} \cdot \mathbf{v} \cdot \mathbf{v}$ ALACHUA FL 32615 US 2. Principal Place of Business 7.0. BOX 47 4906 NW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2045949 AIACHUA Not Applicable Country A/ACHIC \$8.75 Additional 5. Certificate of Status Desired IACHUA Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent DELOACH, CARLTON RT 2 BOX 372 ALACHUA FL 32615 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (66/6)Addition **☑** Delete TITLE TITLE HARRISON, NINA M. NAME NAME CR2E037 STREET ADDRESS 14209 NW 148TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALACHUA FL 32615 ☐ Change VP ☐ Delete TITI E TITLE NAME NAME Bryan, Earl R STREET ADDRESS STREET ADDRESS 9016 NW 143 ST CITY-ST-ZIP CITY-ST-ZIP ALACHUA FL 32615 D ☐ Delete TITLE TITLE BRYAN, JESSE NAME NAME STREET ADDRESS STREET ADDRESS 9015 NW 143RD ST CITY-ST-ZIP CITY-ST-ZIP ALACHUA FL 32615 Change ☐ Addition TITLE ☐ Delete TITLE IRBY, W.W. NAME NAME POBOX 148 STREET ADDRESS STREET ADDRESS P.O. BOX 1487 N/A CITY-ST-ZIP CITY-ST-ZIP ALACHUA FL 32616 ☐ Change **Delete** TITLE TITLE COPELAND, FRANKLIN NAME NAME STREET ADDRESS STREET ADDRESS 19201 N.W. CR 235A CITY-ST-ZIP CITY-ST-ZIP ALACHUA FL 32615 Change ☐ Addition TITLE □ Delete TITLE HARRISON, JAMES W NAME

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 in Vaters, changed, or on an attachment

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

14209 N.W. 148TH PLACE

ALACHUA FL 32616

NAME STREET ADDRESS

CITY-ST-ZIP