

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760123

1. Entity Name

SORRENTO CEMETERY ASSOCIATION, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90002 004 ****61.25

Principal Place of Business

Mailing Address

C/O JAMES L. JONES
BOX 1282
SORRENTO FL 32776
US

C/O JAMES L. JONES
BOX 1282
SORRENTO FL 32776-1282
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2140510

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

JONES, JAMES J.
23423 OAK LN
SORRENTO FL 32776

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 SD ☐ Delete
NAME JONES, JAMES J
STREET ADDRESS 23423 OAK LN
CITY-ST-ZIP SORRENTO FL

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

TITLE PD ☐ Delete
NAME MCCLENNY, FRANK D
STREET ADDRESS 31243 WALTON HEATH AVE
CITY-ST-ZIP SORRENTO FL

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

TITLE T ☒ Delete
NAME BRINDELL, ALBERT L
STREET ADDRESS 25309 CARNOUSTIE DR
CITY-ST-ZIP SORRENTO FL *DECEASED*

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

TITLE D ☐ Delete
NAME LEWIS, RAY
STREET ADDRESS 37711 LAKE NORRIS RD.
CITY-ST-ZIP EUSTIS FL

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

TITLE D ☐ Delete
NAME JONES, DAVID M
STREET ADDRESS 30011 COUNTY RD 437
CITY-ST-ZIP SORRENTO FL

TITLE ☒ Change ☐ Addition
NAME *JONES DAVID M*
STREET ADDRESS *30011 County RD 437*
CITY-ST-ZIP *SORRENTO, FL 32776*

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/2000 352-383 6384

CR2E037 (9/99)