

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90475 030 ****61.25

DOCUMENT # 760123

1. Entity Name

SORRENTO CEMETERY ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

James J. Jones
 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 ST ☒ Change ☐ Addition
 NAME Jones, James J
 STREET ADDRESS 23423 OAK LN
 CITY-ST-ZIP Sorrento, FL 32776

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

TITLE PT ☒ Change ☐ Addition
 NAME Mcclenny, Frank D
 STREET ADDRESS 31243 WALTON HEATH AVE
 CITY-ST-ZIP SORRENTO FL

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

TITLE T ☒ Change ☐ Addition
 NAME Lewis, Ray
 STREET ADDRESS 37711 LAKE NORRIS RD
 CITY-ST-ZIP EUSTIS, FL

TITLE T ☐ Delete
 NAME JONES, DAVID M
 STREET ADDRESS 30011 COUNTY RD 437
 CITY-ST-ZIP SORRENTO FL 32176

TITLE T ☒ 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 ST ☐ Change ☒ Addition
 NAME Maggie Fisher
 STREET ADDRESS 31701 Lawrence St
 CITY-ST-ZIP Sorrento, FL 32776

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
 NAME Willie Ashe
 STREET ADDRESS 22719 W. State Road 46
 CITY-ST-ZIP Sorrento, FL 32776

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:

Maggie Fisher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)