

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91565 020 ****70.00

DOCUMENT # 770559

1. Entity Name

WINTER BEACH CEMETARY ASSOCIATION, INC.

Principal Place of Business

4720 69TH ST
 PO BOX 193
 WINTER BEACH FL 32971

Mailing Address

4720 69TH ST
 PO BOX 193
 WINTER BEACH FL 32971

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 242

Suite, Apt. #, etc.

City & State

WINTER BEACH, FLORIDA

Zip

32971

Country

INDIAN RIVER



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1154358

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BLANTON, H LEON
 2626 QUAY DOCK RD
 VERO BCH. FL 32971

7. Name and Address of New Registered Agent

Name
 MITCHEL HAMPTON

Street Address (P.O. Box Number is Not Acceptable)

4720 69th ST.

PO Box 193

City

WINTER BEACH

FL

Zip Code

32971

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BLANTON, H LEON	
STREET ADDRESS	2626 QUAY DOCK RD.	
CITY-ST-ZIP	WINTER BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HAMPTON, MITCHELL	
STREET ADDRESS	4720 69TH ST.	
CITY-ST-ZIP	WINTER BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HAMPTON, REBECCA B.	
STREET ADDRESS	4720 69TH ST	
CITY-ST-ZIP	WINTER BEACH FL 32971	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODENBERRY, EUGENE	
STREET ADDRESS	1845 20TH ST.	
CITY-ST-ZIP	VERO BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BLANTON, LEON	
STREET ADDRESS	2626 QUAY DOCK RD.	
CITY-ST-ZIP	WINTER BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIRLEY, DINGUS	
STREET ADDRESS	2616 QUAY DOCK ROAD	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM DEBERRY	
STREET ADDRESS	4305 69th ST.	
CITY-ST-ZIP	VERO BEACH, FL. 32967	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE RODDENBERRY	
STREET ADDRESS	6150 57th St	
CITY-ST-ZIP	VERO BEACH, FL. 32967	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES BLANTON	
STREET ADDRESS	2626 QUAY DOCK ROAD	
CITY-ST-ZIP	VERO BEACH, FL. 32967	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

4/26/01

CR2E037 (10/00)