## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 17, 2002 8:00 am § Secretary of State DOCUMENT # **770559** 1. Entity Name 04-17-2002 90062 009 \*\*\*\*70.00 WINTER BEACH CEMETARY ASSOCIATION, INC. Principal Place of Business Mailing Address 4720 69TH ST P.O. BOX 242 PO BOX 193 WINTER BEACH FL 32971 WINTER BEACH FL 32971 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1154358 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name Street Address (P.O. Box Number is Not Acceptable) HAMPTON, MITCHELL 4720 69TH ST 🤔 P.O. BOX 193 City Zip Code WINTER BEACH FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Added to Fees Trust Fund Contribution. Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS (9/01) TITLE Delete TITLE ☐ Change Addition DINGUS, SHIRLEY NAME NAME 2626 QUAY DOCK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32967 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F HAMPTONM, MITCHELL NAME NAME STREET ADDRESS 4720 69TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER BEACH FL TITLE -Change ☐ Addition --- Delete -TITLEY=" \*\*\* ... DEBERRY, TOM NAME NAME STREET ADDRESS 4305 69TH ST STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32967 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RODDENBERRY, EUGENE NAME NAME 6150 57TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP VERO BEACH FL 32967 TITLE ☐ Delete Addition **BLANTON, JAMES** NAME NAME 2626 QUAY DOCK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP vero beach FL 32967 TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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: While I was a supplementation of the component o