

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90107 016 \*\*\*\*61.25

**DOCUMENT # N00176**

1. Entity Name

**THE ALDERMAN PELOTE CEMETERY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1931 JAUDON ROAD  
DOVER FL 33527

1931 JAUDON ROAD  
DOVER FL 33527

2. Principal Place of Business

3. Mailing Address

**990 PELOTE CEMETERY RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**LITHIA FL**

Zip

Country

Zip

Country

**33547**

4. FEI Number

**59-2384574**

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

**LASTINGER, G. OSCAR**  
**1931 JAUDON RD.**  
**DOVER FL 33527**

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**

**CK # 1093**

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 NAME PD  Delete  
**LASTINGER, G. OSCAR**  
 STREET ADDRESS **1931 JAUDON RD.**  
 CITY-ST-ZIP **DOVER FL 33527**

TITLE NAME  Change  Addition  
**MIKE SURRENCY**  
 STREET ADDRESS **P.O. BOX 876**  
 CITY-ST-ZIP **LITHIA, FL 33547**

TITLE NAME V  Delete  
**SUMNER, EMMETT D**  
 STREET ADDRESS **4815 GRAPE MYRTLE LANE**  
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME STD  Delete  
**SURRENCY, TROY E**  
 STREET ADDRESS **9917 HIGHWAY 39 SOUTH**  
 CITY-ST-ZIP **LITHIA FL 33547**

TITLE NAME  Change  Addition  
**ELLIS ADAMS**  
 STREET ADDRESS  
 CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE NAME D  Delete  
**THOMPSON, RAY**  
 STREET ADDRESS **7021 BIG BEND RD**  
 CITY-ST-ZIP **APOLLO BCH FL 33570**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME D  Delete  
**HOPE, GEORGE D**  
 STREET ADDRESS **10540 BROWNING RD**  
 CITY-ST-ZIP **LITHIA FL 33547**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME D  Delete  
**SMITH, DAVID E**  
 STREET ADDRESS **9909 HARTE SMITH DR**  
 CITY-ST-ZIP **LITHIA FL 33547**

TITLE NAME  Change  Addition  
 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: **Troy E. Surrency** SIGNATURE REQUIRED **TROY E. SURRENCY** 1-20-01 (813) 737-3455  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)