

# 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

1931 JAUDON ROAD  
DOVER FL 33527

Mailing Address

1931 JAUDON ROAD  
DOVER FL 33527

2. Principal Place of Business

**990 PELOTE CEMETERY RD**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**LITHIA FL**

City & State

Zip

Country

**33547**

Zip

Country

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

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

7. Name and Address of New Registered Agent

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

**TROY E. SURRENCY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-20-01 (813) 737-3455**

CR2E037 (10/00)