

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002372

1. Entity Name

ANDERSON FAMILY CEMETERY ASSOCIATION, INC.

Principal Place of Business

8505 CEDAR POINT RD
JACKSONVILLE FL 32226

Mailing Address

8505 CEDAR POINT RD
JACKSONVILLE FL 32226

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

13-4205196

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

SHARP, MARQUETTA
8505 CEDAR POINT RD
JACKSONVILLE FL 32226

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25. 6/1-25

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 (D) Marquette Sharp ☐ Delete
NAME
STREET ADDRESS 8505 Cedar Point Rd
CITY-ST-ZIP Jacksonville FL 32226

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

TITLE (D) Lana Elaine Geoghegan ☐ Delete
NAME
STREET ADDRESS 10131 Altair Rd
CITY-ST-ZIP Jacksonville FL 32226

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

TITLE (D) Kenneth W. Davidson ☐ Delete
NAME
STREET ADDRESS 6250 Spring Hammock Rd
CITY-ST-ZIP Jacksonville FL 32226

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

MARQUETTA SHARP

July 15, 2002 904-751-5870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (4/02)

FILED
Aug 01, 2002 8:00 am
Secretary of State

07-24-2002 90136 022 ****61.25

40394

DO NOT WRITE IN THIS SPACE

Attachment

40394

***Anderson Family Cemetery Association, Inc.
8505 Cedar Point Rd.
Jacksonville, Fl 32226
904-751-5870***

~~Subject: Anderson Family Cemetery Association, Inc.~~
Ref. # N01000002372

This is to advise you that I have applied for and recieved a Federal Employer Identification number (13-4205196) in which I have on the application attached.

Marquetta Anderson Sharp
8505 Cedar Point Rd.
Jacksonville, Fl 32226