


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0003882

DOCUMENT # NO1000009003

1. Entity Name
SOCIETY FOR CEMETERY PRESERVATION AND RESTORATION, INC.



FILED

03 SEP 25 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **P.O. BOX 4208 ENTERPRISE FL 32725**

Mailing Address: **300 NORTH ROAD ENTERPRISE FL 32725**

2. Principal Place of Business: Suite, Apt. #, etc. **GAP**

3. Mailing Address: Suite, Apt. #, etc. **GAP**

City & State: **GAP**

City & State: **GAP**

Zip: _____ Country: _____

Zip: _____ Country: _____

CHECK HERE IF MAKING CHANGES

4. FEI Number **74-3036999** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CLEMENTS, LEON L SR
300 NORTH ROAD
ENTERPRISE FL 32725**

7. Name and Address of New Registered Agent

Name: _____

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

City: _____ State: **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLEMENTS, LEON L SR	
STREET ADDRESS	300 NORTH ROAD	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GENEST, SCOTT	
STREET ADDRESS	39 WOODALL ROAD	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BURK, JAMES	
STREET ADDRESS	2716 COURTLAND BLVD	
CITY-ST-ZIP	DELTONA FL 32763	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BEALL, ROGER	
STREET ADDRESS	38 MONROE AVE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

700023342697
09/25/03--01080--004 **\$1.25

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 REQUIRED** *Leon L Clements* **Leon L. Clements**

CR2E037 (4/03)