

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01421

1. Entity Name

EUREKA CEMETERY ASSOCIATION, INC.

Principal Place of Business

15100 NE 150TH AVE.  
FT. MCCOY FL 32134  
US

Mailing Address

15100 NE 150TH AVE.  
FT. MCCOY FL 32134-6111  
US

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

59-2490293

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

FLANAGAN, STEPHEN L  
15100 NE 150TH AVE.  
FT. MCCOY FL 32134

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

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 P ☐ Delete  
NAME CHEATOM, JANE  
STREET ADDRESS 5490 NE 24TH ST  
CITY-ST-ZIP OCALA FL 34470

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

TITLE VP ☒ Delete  
NAME LISLE, MARY  
STREET ADDRESS RT 3, BOX 4052  
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Change ☒ Addition  
NAME V P  
STREET ADDRESS LAXTON, CAROL  
CITY-ST-ZIP 18100 NE 160TH AVE RD  
FT MCCOY, FL 32134

TITLE STD ☐ Delete  
NAME FLANAGAN, STEPHEN L  
STREET ADDRESS 15100 NE 150TH AVE.  
CITY-ST-ZIP FT. MCCOY FL

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

TITLE D ☐ Delete  
NAME WELLS, VESTA  
STREET ADDRESS RT 1 BOX 3340  
CITY-ST-ZIP FT MCCOY FL 32134

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

TITLE D ☐ Delete  
NAME TEUTON, LESTER  
STREET ADDRESS 1614 S PALM AVE  
CITY-ST-ZIP PALATKA FL 32177

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:

Signature and Typed or Printed Name of Signing Officer or Director

4-13-00

352-236-2287

Date

Daytime Phone #

CR2E037 (9/99)