

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01421

1. Entity Name

EUREKA CEMETERY ASSOCIATION, INC.

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90093 033 ****70.00

Principal Place of Business

Mailing Address

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

15100 NE 150TH AVE.
FT. MCCOY FL 32134
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

Stephen L Flanagan

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
After September 12, 2001, min. will be \$236.25

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 CHEATON, JANE
STREET ADDRESS 5490 NE 24TH ST
CITY-ST-ZIP OCALA FL 34470

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

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 VP ☐ Delete
NAME LAXTON, CAROL
STREET ADDRESS 18100 NE 160TH AV RD
CITY-ST-ZIP FORT MC COY FL 32134

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 REQUIRED

7-10-2001 352-236 2281

CR2E037 (5/01)