

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90002 024 ****61.25

DOCUMENT # N04521

1. Entity Name

OAK GROVE CEMETERY ASSOCIATION, INC.

Principal Place of Business

37 EAST OHIO AVENUE
 C/O GUY W. ARNOLD
 MACLENNY FL 32063
 US

Mailing Address

37 EAST OHIO AVENUE
 C/O GUY W. ARNOLD
 MACLENNY FL 32063-2138
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

26-3529573

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARNOLD, GUY W.
37 EAST OHIO AVENUE
MACLENNY FL 32063

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

GUY, ARNOLD
37 EAST OHIO AVENUE
MACLENNY FL 32063

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STD
DAVIS, EARL
PO BOX 423 N/A
MACLENNY FL 32063

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
COMBS, FRED
P.O. BOX 223 N/A
SANDERSON FL 32087

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 CITY-ST-ZIP

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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

5-11-2000

258-2729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)