

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04521

1. Entity Name

OAK GROVE CEMETERY ASSOCIATION, INC.

**FILED**  
Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90123 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

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

Mailing Address

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

T  
NAME  
GUY, ARNOLD  
STREET ADDRESS  
37 EAST OHIO AVENUE  
CITY-ST-ZIP  
MACCLENLY FL 32063 ☐ Delete

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

STD  
NAME  
DAVIS, EARL  
STREET ADDRESS  
PO BOX 423 N/A  
CITY-ST-ZIP  
MACCLENLY FL 32063 ☐ Delete

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

PD  
NAME  
COMBS, FRED  
STREET ADDRESS  
P.O. BOX 223 N/A  
CITY-ST-ZIP  
SANDERSON FL 32087 ☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-2001

Date

259-2729

Daytime Phone #

CR2E037 (10/00)