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

FILED

DOCUMENT # NO4521  1. Entity Name CAK GROVE CEMETERY ASSOCIATION, INC.							03 MAY 29 AM 9: 52							
37 EAST OHIO AVENUE 37 E. C/O GUY W. ARNOLD C/O MACCLENNY FL 32063 MACC			37 EAS C/O GI MACCU US	Malling Address IT EAST OHIO AVENUE C/O GUT W. ARNOLD MACCLENINY FL 32063 IS I. Mailing Address				SECRETARY OF STATE TALLAHASSEE FLORIDA						
Suite, Apt. #, etc.				Suite, Apt. #, etc.										
City & State			Cit	City & State				4. FEI Number 26-3529573 Applied For Not Applied					7	
Zip	·		Zip		Country			5. Certificate of Status Desired		\$8.75 Ad Fee Require		dditional		
	6. Name i	and Address of Currer	nt Registere	d Agent				7. Name and Ad	dress of New R	egistered .	Agent		_	
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						Street Add	Street Address (P.O. Box Number is Not Acceptable)							
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	named entity tions of registe	submits this statement red agent.	for the purp	ose of changing its	register	ed office or re	registere		the State of Flor					
SIGNATURE.		printed name of registered age	- 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1					<u>uar cari</u>	7.0 C.		mmij ,	4 · L		
		t business and additioness after	nut such tree is subbi	icable. (NCTE	: Registere	d Agent signature	y Costiupen e	rhen reinetitting)		DATE			]	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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 path; 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 PAINE OF SIGNING OFFICER OR DIRECTOR

y W. amald

4-28-03

904 = 259-2729 259-2729