2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N05667** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** PINECREST CEMETERY ASSOCIATION, INC. 01-19-2000 90244 036 ****61.25 Principal Place of Business Mailing Address 1530 S. FEDERAL HIGHWAY 1530 S. FEDERAL HIGHWAY ROCKLEDGE FL 32955-2844 ROCKLEDGE FL 32955 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2740315 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MOSS, JOSEPH R. 1530 S FEDERAL HWY **ROCKLEDGE FL 32955** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE SCARBOROUGH, DOUG NAME NAME STREET ADDRESS STREET ADORESS 1345 STETSON DR., SOUTH CITY-ST-ZIP CITY-ST-ZIP COCOA FL Change Addition TITLE ☐ Delete TITLE SCARBOROUGH, O. D. NAME NAME STREET ADDRESS STREET ADDRESS 1545 SALMON ST. CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL ■ Addition Change TITLE RS Delete TITLE SCARBOROUGH, BETH NAME NAME STREET ADDRESS STREET ADDRESS 1345 STETSON DR SO CITY-ST-7IP CITY-ST-ZIP **COCOA FL** ☐ Change ☐ Addition CS Delete TITLE TITLE BLACK, AUDREY NAME NAME STREET ADDRESS STREET ADDRESS 975 N. TROPICAL TRAIL CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL Change Addition TITLE ☐ Delete TITLE URSSING, MELBA NAME NAME STREET ADDRESS 55 RIVERSIDE DR., #204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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

SIGNATURE: APARTICLE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #