

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90068 041 \*\*\*\*61.25

DOCUMENT # **N05667**

1. Entity Name

**Pinecrest Cemetery Association, Inc.**

**DO NOT WRITE IN THIS SPACE**

**B0057658**

2. Principal Place of Business

**1345 Stetson Dr. So.**

Suite, Apt. #, etc.

3. Mailing Address

**1345 Stetson Dr. So.**

Suite, Apt. #, etc.

City & State

**Cocoa, FL**

City & State

**Cocoa, FL**

4. FEI Number

**59-2740315**

Applied For

Not Applicable

Zip

**32922**

Country

**Brevard**

Zip

**32922**

Country

**Brevard**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

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

**D.P. Scarborough**

**3-25-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Scarborough, Doug 1345 Stetson Dr. So. Cocoa, FL 32922</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Scarborough, D.D. 4609 Mounting Dove Dr. Merritt Island, FL 32953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RS Scarborough, Beth 1345 Stetson Dr. So. Cocoa, FL 32922</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CS Black Audrey 975 N. Tropical Trail Merritt Island, FL 32953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Urssing, Melba 55 Riverside Dr. #204 Cocoa, FL 32922</b>
TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**D.P. Scarborough**

**3-25-02**

**321-632-2627**

CR2E037B (12/01)