

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10626

1. Entity Name

QUITMAN CEMETERY ASSOCIATION, INC. ✓

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90015 041 ****61.25

Principal Place of Business

C/O MITCHELL GIVENS
ROUTE 1, BOX 1090, HWY 127
P O BOX 300 32087-9700

Mailing Address

C/O MITCHELL GIVENS
ROUTE 1, BOX 1090, HWY 127
P O BOX 300 32087-9700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GIVENS, MITCHELL
ROUTE 1, BOX 1090
HWY 127
SANDERSON FL 32087

7. Name and Address of New 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

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
After September 13, 2000 min. will be \$236.25

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

TITLE: D
NAME: ALDRIDGE, MARSHALL
STREET ADDRESS: RAILROAD ST
CITY-ST-ZIP: OLUSTEE FL ☐ Delete

TITLE: D
NAME: WILLIAMS, LUCIOUS
STREET ADDRESS: 13913 WEST ST
CITY-ST-ZIP: GLEN ST MARY FL ☐ Delete

TITLE: D
NAME: MARSHALL, ALRIDGE
STREET ADDRESS: RAILROAD ST.
CITY-ST-ZIP: OLUSTEE FL ☐ Delete

TITLE: TD
NAME: LUCIOUS, WILLIAMS
STREET ADDRESS: 13913 WEST ST.
CITY-ST-ZIP: GLEN ST MARY FL ☐ Delete

TITLE: SD
NAME: FORD, EUGENE
STREET ADDRESS: 145 JOHN DAVIS RD
CITY-ST-ZIP: GLEN ST. MARY FL ☐ Delete
*Marie Hadley X
P.O. Box 216 Gaskins Cir
Sanderston Fla 32087*

TITLE: Secretary
NAME: Marie Hadley
STREET ADDRESS: P.O. Box 216 Gaskins Cir
CITY-ST-ZIP: Sanderston Fla 32087 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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STREET ADDRESS: ☐ Change ☐ Addition
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 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)