

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25143

1. Entity Name

LESSIE COMMUNITY CEMETERY ASSOCIATION, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90025 035 ****61.25

0006676

Principal Place of Business % MAEBELLE COSTON-COOPER'S NECK RT 1 BOX 2200 HILLIARD FL 32046 US	Mailing Address % MAEBELLE COSTON-COOPER'S NECK RT 1 BOX 2200 HILLIARD FL 32046 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COSTON, MAEBELLE COOPERS NECK RT 1 BOX 284 HILLIARD FL 32046

7. Name and Address of New Registered Agent Name <u>Howard Alderman</u> Street Address (P.O. Box Number is Not Acceptable) <u>Rt. 1 Box 2085</u> City <u>Hilliard</u> FL Zip Code <u>32046</u>

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 <u>Howard Alderman</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALDERMAN, GUS RT. 1 BOX 287, LESSIE RD. HILLIARD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTON, MAEBELLE RT. 1 BOX 284, COOPERS LN HILLIARD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, MAJOR RT. 1 BOX 284 COOPERS LN HILLIARD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Howard Alderman Rt. 1 Box 2085 Hilliard, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hosea Palmer 103 Riverwood Dr Hilliard FL 32097 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>MAEBELLE COSTON</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>3.27.01</u> Daytime Phone #
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CR2E037 (10/00)