

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25143

1. Entity Name

LESSIE COMMUNITY CEMETERY ASSOCIATION, INC.

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90079 025 ****70.00

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALDERMAN, HOWARD
RT. 1 BOX 2085
HILLIARD FL 32046

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

Howard Alderman - T
Signature, typed or printed name of registered agent and title if applicable.

Howard Alderman
(NOTE: Registered Agent signature required when reinstating)

Jan-19-02
DATE

FILE NOW: FEE IS \$61.25 ☒

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME PD
STREET ADDRESS ALDERMAN, GUS
CITY-ST-ZIP RT. 1 BOX 287, LESSIE RD.
HILLIARD FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS COSTON, MAEBELLE
CITY-ST-ZIP RT. 1 BOX 284, COOPERS LN
HILLIARD FL

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

TITLE ☐ Delete
NAME T
STREET ADDRESS MITCHELL, MAJOR
CITY-ST-ZIP RT. 1 BOX 284 COOPERS LN
HILLIARD FL

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

TITLE ☐ Delete
NAME T
STREET ADDRESS ALDERMAN, HOWARD
CITY-ST-ZIP RT. 1 BOX 2085
HILLIARD FL 32046

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

TITLE ☐ Delete
NAME V
STREET ADDRESS PALMER, HOSEA
CITY-ST-ZIP 103 RIVER WOOD DR
YULEE FL 32097

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

MIGRATED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-02
Date

Daytime Phone #

CR2E037 (9/01)