

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26773

1. Entity Name

APOPKA MEMORIAL CEMETERY, INC.

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90001 013 ****61.25

Principal Place of Business

Mailing Address

C/O MARVIN YARBOUGH
229 W. 16TH STREET
APOPKA FL 32703

C/O MARVIN YARBOUGH
229 W. 16TH STREET
APOPKA FL 32703-7015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

YARBOUGH, MARVIN
229 W. 16TH STREET
APOPKA FL 32703

4. FEI Number

59-2948379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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	<input type="checkbox"/> Delete
NAME	YARBOUGH, MARVIN	
STREET ADDRESS	229 W. 16TH STREET	
CITY-ST-ZIP	APOPKA FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	YARBOUGH, RUTHIE A.	
STREET ADDRESS	229 W. 16TH STREET	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMALL, ANITA	
STREET ADDRESS	502 LAKE BRIDGE RD.	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reba A.	
STREET ADDRESS	229 W 16th Street	
CITY-ST-ZIP	Apopka, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/00

407 886-2870

Date

Daytime Phone #

CR2E037 (9/99)