2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 12, 2000 8:00 am Secretary of State **DOCUMENT # N29163** 1. Entity Name LAKE MARY CEMETERY ASSOCIATION, INC. 01-12-2000 90079 005 ****61.25 Mailing Address Principal Place of Business C/O MARY JANE DURYEA C/O OTTIS SJOBLOM 116 E. CRYSTAL LAKE AVE. 271 LAKESHORE DRIVE LAKE MARY FL 32746-3222 LAKE MARY FL 32746 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1992162 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SJOBLOM, OTTIS 271 LAKESHORE DRIVE LAKE MARY FL 32746 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 Fiorida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME SJOBLOM. OTTIS STREET ADDRESS 271 LAKESHORE DR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE MARY FL 32746 ☐ Change Addition TITLE D ☐ Delete TITLE NAME RICE. EVELYN NAME STREET ADDRESS STREET ADDRESS 243 N. COUNTRY CLUB DR. CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 ☐ Change ☐ Addition TITLE VD. ☐ Delete TITLE NAME SJOBLOM. ALFRED NAME STREET ADDRESS STREET ADDRESS 127 W. LAKE MARY AVE. CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 Addition ☐ Change ☐ Delete TITLE NAME O'CONNOR, CLAIRE E. STREET ADDRESS STREET ADDRESS 227 CLERMONT RD. CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete TITLE Change Addition TITLE DURYEA, MARY JANE NAME NAME STREET ADDRESS STREET ADDRESS 235 CLERMONT RD. CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete ■ Addition TITLE TITLE

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

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP