

DOCUMENT # N29163

1. Entity Name

LAKE MARY CEMETERY ASSOCIATION, INC.

Principal Place of Business

C/O OTTIS SJOBLUM
271 LAKESHORE DRIVE
LAKE MARY FL 32746

Mailing Address

C/O MARY JANE DURYEA
116 E. CRYSTAL LAKE AVE.
LAKE MARY FL 32746

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

59-1992162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SJOBLUM, OTTIS
271 LAKESHORE DRIVE
LAKE MARY FL 32746

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 PD ☐ Delete
NAME SJOBLUM, OTTIS
STREET ADDRESS 271 LAKESHORE DR.
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ Delete
NAME RICE, EVELYN
STREET ADDRESS 243 N. COUNTRY CLUB DR.
CITY-ST-ZIP LAKE MARY FL 32746

TITLE VD ☐ Delete
NAME SJOBLUM, ALFRED
STREET ADDRESS 127 W. LAKE MARY AVE.
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ Delete
NAME O'CONNOR, CLAIRE E.
STREET ADDRESS 227 CLERMONT RD.
CITY-ST-ZIP LAKE MARY FL 32746

TITLE STD ☐ Delete
NAME DURYEA, MARY JANE
STREET ADDRESS 235 CLERMONT RD.
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90143 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)