

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 05, 2002 8:00 am**
Secretary of State

02-05-2002 90150 037 ****61.25

DOCUMENT # N29163

1. Entity Name

LAKE MARY CEMETERY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SJOBLUM, OTTIS
271 LAKESHORE DRIVE
LAKE MARY FL 32746**

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 \$61.259. 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 **SJOBLUM, OTTIS**
CITY-ST-ZIP **271 LAKESHORE DR.
LAKE MARY FL 32746**TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **T. Gray Frazier**
CITY-ST-ZIP **137 E. Crystal Lake Avenue
Lake Mary, Florida 32746**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RICE, EVELYN**
CITY-ST-ZIP **243 N. COUNTRY CLUB DR.
LAKE MARY FL 32746**TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Kathleen A. Gehr**
CITY-ST-ZIP **39620 Reba Road
Eustis, Florida 32736**TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **SJOBLUM, ALFRED**
CITY-ST-ZIP **127 W. LAKE MARY AVE.
LAKE MARY FL 32746**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **O'CONNOR, CLAIRE E.**
CITY-ST-ZIP **227 CLERMONT RD.
LAKE MARY FL 32746**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **STD**
STREET ADDRESS **DURYEA, MARY JANE**
CITY-ST-ZIP **235 CLERMONT RD.
LAKE MARY FL 32746**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 #

CR2E037 (9/01)