

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90042 046 ****61.25

DOCUMENT # N31720

1. Entity Name

ANTIOCH CEMETERY MEMORIAL FUND, INC.

Principal Place of Business

Mailing Address

**C/O TERRY MCDAVID
 128 SOUTH HERNANDO STREET
 LAKE CITY FL 32055**

**C/O TERRY MCDAVID
 128 SOUTH HERNANDO STREET
 LAKE CITY FL 32055**

00020380



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

50-0160061

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MCDAVID, TERRY
 128 SOUTH HERNANDO STREET
 LAKE CITY FL 32055**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD MCDAVID, A.F.**
 STREET ADDRESS **P O BOX 36 N/A**
 CITY-ST-ZIP **BROOKER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD COLSON, MARY LOUISE**
 STREET ADDRESS **P O BOX 135 N/A**
 CITY-ST-ZIP **LACROSSE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **P.O. Box 177**
 CITY-ST-ZIP **Lacrosse, FL 32658**

TITLE Delete
 NAME **STD MCDAVID, HAROLD**
 STREET ADDRESS **RT. 2 BOX 2060**
 CITY-ST-ZIP **MELROSE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Delete
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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: **Mary Louise Colson**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary L. Colson
 2-7-2001 904-462-1753
 Date Daytime Phone #

CR2E037 (10/00)