

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90120 035 \*\*\*\*61.25

**DOCUMENT # N33932**

1. Entity Name

**THE KINSEY CEMETERY FUND, INC.**

Principal Place of Business

Mailing Address

ROUTE 1, BOX 233-D  
 MONTICELLO FL 32344

ROUTE 1, BOX 233-D  
 MONTICELLO FL 32344

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 **59-2966531**

Applied For  
 Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**COOK, MARGIE HOLLAND**  
~~ROUTE 1, BOX 233-D~~ **600 Mañana Ranch Rd**  
**MONTICELLO FL 32344**

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 **COOK, MARGIE HOLLAND**  
 STREET ADDRESS ~~ROUTE 1, BOX 233-D~~ **600 Mañana Ranch Rd**  
 CITY-ST-ZIP **MONTICELLO FL**

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

TITLE ☐ Delete  
 NAME **COOK, EVELYN E. (EVE)**  
 STREET ADDRESS ~~ROUTE 1, BOX 233-D~~ **478 Mañana Ranch Rd**  
 CITY-ST-ZIP **MONTICELLO FL**

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

TITLE ☐ Delete  
 NAME **HOLLAND, CURTIS RAY**  
 STREET ADDRESS **2441-A TALCO HILLS**  
 CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE ☐ Delete  
 NAME **HOLLAND CLARK, AMANDA**  
 STREET ADDRESS ~~RT 1 BOX 233-D~~ **3502 Aucilla Rd**  
 CITY-ST-ZIP **MONTICELLO FL 32344**

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

TITLE ☐ Delete  
 NAME **HATFIELD, ROBERT D**  
 STREET ADDRESS ~~RT 2 BOX 141-B~~ **3224 Bodmin Dr**  
 CITY-ST-ZIP ~~MONTICELLO FL 32344~~ **Tallahassee, FL 32317**

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

TITLE ☐ Delete  
 NAME **Hatfield, William**  
 STREET ADDRESS **709 Whipperwill Rd**  
 CITY-ST-ZIP **Monticello, FL 32344**

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 names empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-31-02**  
**857-8317**

CR2E037 (9/01)