

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90302 028 \*\*\*\*61.25

**DOCUMENT # N38439**

1. Entity Name

**THE CRAIN CEMETERY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**7050 SHERMAN STREET  
MILTON FL 32570  
US**

**7050 SHERMAN STREET  
MILTON FL 32570  
US**

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

**59-3015638**

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

**DENSMORE, BUD  
7050 SHERMAN STREET  
MILTON FL 32570**

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 **DENSMORE, BUD**  
STREET ADDRESS **7050 SHERMAN STREET**  
CITY-ST-ZIP **MILTON FL 32570**

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

TITLE ☒ Delete  
NAME **STEPHENSON, NOEL**  
STREET ADDRESS **5745 BRANCO PLACE**  
CITY-ST-ZIP **MILTON FL 32570**

☐ Change ☒ Addition  
TITLE **V.P.**  
NAME **Brown Billy**  
STREET ADDRESS **Rt 6 Box 184**  
CITY-ST-ZIP **Milton, Fla. 32583**

TITLE ☐ Delete  
NAME **HINOTE, JOAN**  
STREET ADDRESS **7025 SHERMAN STREET**  
CITY-ST-ZIP **MILTON FL 32570**

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

TITLE ☐ Delete  
NAME **HINOTE, LLOYD**  
STREET ADDRESS **907 N. ALABAMA STREET**  
CITY-ST-ZIP **MILTON FL 32670**

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

TITLE ☐ Delete  
NAME **HUBBARD, FAYE**  
STREET ADDRESS **4559 TESTON DRIVE**  
CITY-ST-ZIP **MILTON FL 32583**

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

TITLE ☐ Delete  
NAME **HENDERSON, VASHTI**  
STREET ADDRESS **104 OLIVER STREET**  
CITY-ST-ZIP **MILTON FL 32570**

☐ Change ☐ Addition  
TITLE  
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:

*Joan Hinote* **ST**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-4-02**

Date

**904-626-8146**

Daytime Phone #

CR2E037 (9/01)