

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42027

1. Entity Name

PURDOM CEMETERY ASSOCIATION, INC.

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90003 038 \*\*\*\*66.25

Principal Place of Business

Mailing Address

C/O RUSSEL PIERSON  
207 E SECOND AVENUE. POB 316  
PIERSON FL 32180

C/O RUSSEL PIERSON  
207 E SECOND AVENUE. POB 316  
PIERSON FL 32180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

PIERSON, PETER RUSSELL  
207 E SECOND AVE  
PIERSON FL 32180

Name

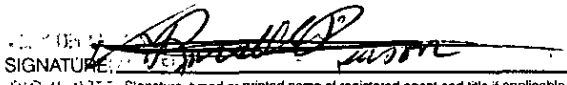
Street Address (P.O. Box Number is Not Acceptable)

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**  
**After September 13, 2000 min. will be \$236.25**

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 PD ☐ Delete  
NAME PIERSON, RUSSELL  
STREET ADDRESS 207 E. SECOND AVENUE  
CITY-ST-ZIP PIERSON FL 32180

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

TITLE D ☐ Delete  
NAME CLARK, JOHN A.  
STREET ADDRESS 690 VANNOTE RD.  
CITY-ST-ZIP PIERSON FL 32180

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

TITLE D ☐ Delete  
NAME TURNER, JOHN W., JR.  
STREET ADDRESS 1850 BYRD RD.  
CITY-ST-ZIP BARBERVILLE FL 32180

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

TITLE SD ☐ Delete  
NAME UNDERHILL, MARY M.  
STREET ADDRESS 600 N BOUNDARY AVE APT 19A  
CITY-ST-ZIP DELAND FL 32720

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

TITLE D ☐ Delete  
NAME UNDERHILL, JOSEPH M.  
STREET ADDRESS 205 LEMMON RD, BOX 406  
CITY-ST-ZIP BARBERVILLE FL 32180

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

RUSSELL PIERSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)