

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91562 030 ****61.25

DOCUMENT # N42027

1. Entity Name

PURDOM CEMETERY ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

**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**

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: *[Signature]* **REQUIRED**

5/18/01 386 734 8600

CR2E037 (10/00)