

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45428

1. Entity Name

SOUTHSIDE-OAK GROVE-CEMETARY, INC.

**FILED**  
Feb 21, 2000 8:00 am  
Secretary of State

02-21-2000 90022 028 \*\*\*\*70.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 497  
UMATILLA FL 32784

POST OFFICE BOX 497  
UMATILLA FL 32784-0497

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6963022

☒ 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

CUNNINGHAM, J.D.  
17125 CHURCH STREET  
UMATILLA FL 32784

Name Bertha M. Carroll

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

38625 Marshall St.

City Umatilla

FL

Zip Code  
32784

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	D	<input type="checkbox"/> Delete
NAME	GAINEY, WILLIE	
STREET ADDRESS	38637 CHURCH STREET	
CITY-ST-ZIP	UMATILLA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CUNNINGHAM, J.D.	
STREET ADDRESS	17125 CHURCH STREET	
CITY-ST-ZIP	UMATILLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARROLL, BERTHA M.	
STREET ADDRESS	38625 MARSHALL STREET	
CITY-ST-ZIP	UMATILLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNEALY, HORACE	
STREET ADDRESS	2300 HARLEM AVE.	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEATHERSPOON, HENRY	
STREET ADDRESS	38231 CHURCH ST.	
CITY-ST-ZIP	UMATILLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mitchell, Brenda D.	
STREET ADDRESS	38323 Church St.	
CITY-ST-ZIP	Umatilla, FL 32784	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: Bertha M. Carroll 01-11-00 352-669-3695  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)