

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45428

1. Entity Name

SOUTHSIDE OAK GROVE CEMETARY, INC.

Principal Place of Business

POST OFFICE BOX 497  
UMATILLA FL 32784

Mailing Address

POST OFFICE BOX 497  
UMATILLA FL 32784

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CARROLL, BERTHA M.  
38625 MARSHALL ST.  
UMATILLA FL 32784

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete  
NAME GANEY, WILLIE  
STREET ADDRESS 38637 CHURCH STREET  
CITY-ST-ZIP UMATILLA FL

TITLE D ☐ Delete  
NAME MITCHELL, BRENDA D  
STREET ADDRESS 38323 CHURCH ST.  
CITY-ST-ZIP UMATILLA FL 32784

TITLE D ☐ Delete  
NAME CARROLL, BERTHA M.  
STREET ADDRESS 38625 MARSHALL STREET  
CITY-ST-ZIP UMATILLA FL

TITLE D ☐ Delete  
NAME MCNEALY, HORACE  
STREET ADDRESS 2300 HARLEM AVE.  
CITY-ST-ZIP EUSTIS FL

TITLE D ☐ Delete  
NAME WEATHERSPOON, HENRY  
STREET ADDRESS 38231 CHURCH ST.  
CITY-ST-ZIP UMATILLA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

Bert M. Carroll

6-22-2001 352-669-3695

FILED  
Jun 26, 2001 8:00 am  
Secretary of State

06-26-2001 90394 017 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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