

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90162 041 ****70.00

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



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6963022**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition
NAME **Loretta Cunningham**
STREET ADDRESS **17125 Orange Street**
CITY-ST-ZIP **Umatilla, FL 32784**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Sabrina Carroll**
STREET ADDRESS **603 Dorothy Circle**
CITY-ST-ZIP **Eustis, FL 32726**

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

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

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

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

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

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: *Bertha M. Carroll*

13-19-03

352-669-3695

CR2E037 (10/02)