

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45860

1. Entity Name

THE BUCKINGHAM COMMUNITY CEMETERY ASSOCIATION, I

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90054 009 ****61.25

Principal Place of Business

13910 ORANGE RIVER BLVD
FT MYERS FL 33905

Mailing Address

13910 ORANGE RIVER BLVD
FT MYERS FL 33905-7322

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

65-0256913

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

SAPP, JACK
13910 ORANGE RIVER BLVD
FT MYERS FL 33905

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	P	<input type="checkbox"/> Delete
NAME	SAPP, JACK	
STREET ADDRESS	13910 ORANGE RIVER BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MANN, TIMOTHY	
STREET ADDRESS	5621 NEAL RD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SOLOMON, AUDREY	
STREET ADDRESS	4601 BUCKINGHAM RD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SAPP, THELMA	
STREET ADDRESS	13930 ORANGE RIVER BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HIGGINBOTHAM	
STREET ADDRESS	5561 NEAL RD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FLINT, BILLY	
STREET ADDRESS	6630 W. WOODACRES RD.	
CITY-ST-ZIP	FT MYERS FL	

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
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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)