

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49020

1. Entity Name

MACEDONIA CEMETERY FUND, INC.

Principal Place of Business

12544 BASS RD.  
LIVE OAK FL 32060  
US

Mailing Address

115 MANOR ST  
LIVE OAK FL 32060-4504  
US

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 59-3166897

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

Name

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

City

FL

Zip Code

COLLINS, TOMMYE  
12544 BASS RD  
LIVE OAK FL 32060

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D KUHN, DEANETTE C. ☐ Delete  
12586 BASS RD.  
LIVE OAK FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D COLLINS, TOMMYE ☐ Delete  
12544 BASS RD.  
LIVE OAK FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D BASS, ANDREW C. ☐ Delete  
12675 129TH RD.  
LIVE OAK FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D BASS, NANCY ☐ Delete  
115 MANOR ST  
LIVE OAK FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D BASS, CARTER A. ☐ Delete  
10020 129TH RD.  
LIVE OAK FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Nancy Bass* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00

Date

904-362-6819

Daytime Phone #

FILED  
Jan 14, 2000 8:00 am  
Secretary of State

01-14-2000 90023 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE