

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90026 007 ****61.25

DOCUMENT # N51430

Entity Name

SENECA CEMETERY ASSOCIATION, INC.

| | |
|--------------------------------------|--|
| Principal Place of Business | Mailing Address |
| 10 S. ISLAND DR. PAISLEY FL 32767 | POST OFFICE BOX 4 PAISLEY FL 32767-0004 |



DO NOT WRITE IN THIS SPACE

| | | | |
|-----------------------------|---------------------|-----|---------|
| Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |
| Zip | Country | Zip | Country |

| | |
|------------------------------------|--|
| 4. FEI Number 59-3161906 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

FOSTER, ELIZABETH
4630 NW 79TH AVE
APT 1-A
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 <input checked="" type="checkbox"/> TRUSTEE <input type="checkbox"/> Delete | NAME TANNER, JANICE STREET ADDRESS 5126 CONTURA DR CITY-ST-ZIP ORLANDO FL 32810 |
| TITLE <input type="checkbox"/> Delete | NAME TST LAPPE, LILLIAN STREET ADDRESS P.O. BOX 4 N/A CITY-ST-ZIP PAISLEY FL |
| TITLE <input type="checkbox"/> Delete | NAME KILKER, MEREL STREET ADDRESS P.O. BOX 89 N/A CITY-ST-ZIP PAISLEY FL |
| TITLE <input type="checkbox"/> Delete | NAME KNIGHT, ROBERT STREET ADDRESS 431 N. BLUE LAKE AVE. CITY-ST-ZIP DELAND FL |
| TITLE <input checked="" type="checkbox"/> Delete | NAME LEE, ISABEELE STREET ADDRESS 1101 W. RICH AVE. CITY-ST-ZIP DELAND FL |
| TITLE <input type="checkbox"/> Delete | NAME HATFIELD, SHARON STREET ADDRESS P.O. BOX 443 N/A CITY-ST-ZIP UMATILLA FL |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME PRESIDENT MARY HAYS STREET ADDRESS P.O. BOX 41 N/A CITY-ST-ZIP PAISLEY FL 32767 |
| TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME TRUSTEE DAVID CROW STREET ADDRESS 5984 BARNA AVE CITY-ST-ZIP TITUSVILLE FL 32780 |
| 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 |

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: *Lillian Lappe* April 5, 2000 352 669-2743

CR2E037 (9/99)