

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000486

1. Entity Name

HOUSTON COMMUNITY CEMETERY INC.

Principal Place of Business

1608 N.E. DUVAL STREET  
LIVE OAK FL 32060  
US

Mailing Address

1608 N.E. DUVAL STREET  
LIVE OAK FL 32060-2613  
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

59-3148287

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

ALLEN, MARY E  
9420 CITY RD 417  
LIVE OAK FL 32060

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	S	<input type="checkbox"/> Delete
NAME	ALLEN-BEADY, MARY E	
STREET ADDRESS	9420 CTY RD 417	
CITY-ST-ZIP	LIVEOAK FL 32060	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FORD, SHIRLEY	
STREET ADDRESS	9622 93RD RD PL	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	TR	<input type="checkbox"/> Delete
NAME	COOK, THELMA D	
STREET ADDRESS	1608 N.E. DUVAL ST	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	TR	<input type="checkbox"/> Delete
NAME	PERRY, ELWOOD S	
STREET ADDRESS	10660 CR 417	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROUNDTREE, RALPH	
STREET ADDRESS	7793 86TH ST	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	P	<input type="checkbox"/> Delete
NAME	FORD, LONNIE	
STREET ADDRESS	306 DEFENDER AVE	
CITY-ST-ZIP	LAKE CITY FL 32025	

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		
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		

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:

*MARY E ALLEN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90057 011 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

3-9-00

904-364-4754