

# 2002 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  
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 *Mary E. Allen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-15-02

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  
NAME ALLEN-BESLEY, MARY E ☐ Delete  
STREET ADDRESS 9420 CTY RD 417  
CITY-ST-ZIP LIVEOAK FL 32060

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

TITLE VP  
NAME FORD, SHIRLEY ☐ Delete  
STREET ADDRESS 9622 93RD RD PL  
CITY-ST-ZIP LIVE OAK FL 32060

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

TITLE TR  
NAME COOK, THELMA D ☐ Delete  
STREET ADDRESS 1608 N.E. DUVAL ST  
CITY-ST-ZIP LIVE OAK FL 32060

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

TITLE TR  
NAME PERRY, ELWOOD S ☐ Delete  
STREET ADDRESS 10660 CR 417  
CITY-ST-ZIP LIVE OAK FL 32060

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

TITLE T  
NAME ROUNDTREE, RALPH ☐ Delete  
STREET ADDRESS 7793 86TH ST  
CITY-ST-ZIP LIVE OAK FL 32060

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

TITLE P  
NAME FORD, LONNIE ☐ Delete  
STREET ADDRESS 308 DEFENDER AVE  
CITY-ST-ZIP LAKE CITY FL 32025

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: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

386-3644754

Daytime Phone #

CR2E037 (9/01)

0056246



DO NOT WRITE IN THIS SPACE