2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
01-30-2001 90130 046 ****70.00

DOCUMENT # N93000003744

1. Entity Name
ALTAMONTE AND FERN PARK COMMUNITY CEMETERY, INC.

Principal Place of Business	Mailing Address
~~157 JACKSON ST~~ ~~ALTAMONTE SPRINGS FL 32701~~	~~157 JACKSON ST~~ ~~ALTAMONTE SPRINGS FL 32701~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1180 Merritt Street	1180 Merritt Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32701 Country: SEMINOLE	Zip: 32701 Country: SEMINOLE

4. FEI Number 59-3202709 ☐ 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
ZIEGLER, JOHN 157 JACKSON ST ALTAMONTE SPRINGS FL 32701	Name: Bertha M. Smith Street Address (P.O. Box Number Is Not Acceptable) 1180 Merritt Street City: Altamonte Springs, FL Zip Code: 32701

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: Bertha M Smith Bertha M Smith 3/2/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required.) 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
ALTON Williams		

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ZIEGLER, JOHN 157 JACKSON ST ALTAMONTE SPRINGS FL 32701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY (DIRECTOR) CORA J. SNEAD 212 MARKER STREET ALTAMONTE SPRINGS, FL 32701	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DT~~ DP WILLIAMS, ALTON 601 PLUM LANE ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SMITH, BERTHA M 1180 MERRITTE ST ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLEMAN, CHARLES III P O BOX 4361 WINTER PARK FL 32793	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 Bertha M. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #