

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90006 025 ***150.00

DOCUMENT # N94000006056
 1. Entity Name
WESTVIEW COMMUNITY CEMETERY OF
POMPAÑO BEACH, INC.



C0071176

Principal Place of Business Mailing Address
 428 NW 6th Avenue 428 NW 6th Avenue
 Pompano Beach Fl 33060 Pompano Beach Fl 33060

2. Principal Place of Business 3. Mailing Address
 428 NW 6th Avenue 428 NW 6th Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Pompano Beach Fl Pompano Beach Fl
 Zip Country Zip Country
 33060 Broward 33060 Broward

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Beverly Perkins
 1535 N.W. 6th Avenue
 Pompano Beach Fl 33060

7. Name and Address of New Registered Agent
 Name Mary Ricks
 Street Address (P.O. Box Number is Not Acceptable)
 1921 N.W. 7th Terrace
 City Pompano Beach Fl **FL** Zip Code 33060

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 Ricks Mary Ricks 6-8-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001, Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT Ernest Mackifield 8311 S.W. 20th Street N Lauderdale Fl 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT Richard Macon 738 NW 3 Street Pompano Beach Fl	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TT Alice Isham 1921 NW 7th Terrace Pompano Beach Fl	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ernest Mackifield Ernest Mackifield 6-8-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 2004 111100