

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90126 031 \*\*\*\*61.25

**DOCUMENT # N94000006056**

1. Entity Name

**WESTVIEW COMMUNITY CEMETERY OF POMPANO BEACH, IN  
C.**



Principal Place of Business

**428 N.W. 6TH AVENUE  
POMPANO BEACH FL 33060**

Mailing Address

**428 N.W. 6TH AVENUE  
POMPANO BEACH FL 33060**

2. Principal Place of Business

**428 NW 6th Avenue**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 322**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Pompano Bch, FL**

Zip  
**33060**

Country  
**USA**

City & State  
**Pompano Bch, FL**

Zip  
**33061**

Country  
**USA**

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RICKS, MARY**  
**1921 NW 7TH TERRACE**  
**POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

Name **Charles Hunt**

Street Address (P.O. Box Number is Not Acceptable)

**1441 NW 3rd Way**

**Pompano Bch, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Feb 13, 2003**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT MACKFIELD, ERNEST</b> <b>8311 S.W. 20TH STREET</b> <b>N. LAUDERDALE FL 33068</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT Charles Hunt</b> <b>1441 NW 3rd Way</b> <b>Pompano Bch, FL 33060</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CT MACON, RICHARD</b> <b>738 N.W. 3RD STREET</b> <b>POMPANO BEACH FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CT Walter Hunter</b> <b>1250 NW 27th Ave</b> <b>Pompano Bch, FL 33060</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TT DERICO, EUANDER</b> <b>5310 NE 9 TERRACE</b> <b>POMPANO BEACH FL 33064</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TT Evander Derico</b> <b>5310 NE 9th Terrace</b> <b>Pompano Bch, FL 33064</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST Andre Mills</b> <b>1500 NW 3rd Way</b> <b>Pompano Bch, FL 33060</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E037 (10/02)

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:

**Charles E. Hunt** Feb 13, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR