

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90236 027 ****61.25

DOCUMENT # N95000000088

1. Entity Name
SEVILLE CEMETERY ASSOCIATION, INC.



Principal Place of Business
**CEMETERY RD & CHURCH ST
SEVILLE FL 32190**

Mailing Address
**P O BOX 473
SEVILLE FL 32190**

30021700



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1835942**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PURVIS, JAMES S
600 PURVIS RD
SEVILLE FL 32190**

Name **PURVIS, JAMES E.**

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

City **SEVILLE**

FL

Zip Code
32190

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 *James E. Purvis*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-08-03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BOLIN, JUNIUS T**
STREET ADDRESS **2067 LAKE JUANITA ROAD (P.O. BOX 37)**
CITY-ST-ZIP **SEVILLE FL 32190**

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

TITLE **D** ☐ Delete
NAME **CADE, JOHN P**
STREET ADDRESS **2145 MCBRIDE ROAD (P.O. BOX 218)**
CITY-ST-ZIP **SEVILLE FL 32190**

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

TITLE **D** ☐ Delete
NAME **REGISTER, JAMES W JR**
STREET ADDRESS **195 REGISTER LANE (P.O. BOX 397)**
CITY-ST-ZIP **SEVILLE FL 32190**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *James E. Purvis* **SIGNATURE REQUIRED**

02-08-03 **368 - 749-4249**
868-4249

CR2E037 (10/02)