

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90045 008 ****61.25

DOCUMENT # N95000000727

1. Entity Name

MOUNT OLIVE PRIMITIVE CEMETERY, INC.

Principal Place of Business

**1300 EAST CANAL STREET
 MULBERRY FL 33860**

Mailing Address

**1300 EAST CANAL STREET
 MULBERRY FL 33860-2828**

HUU4UJ4J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0664866

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

**SEIGLER, A.M. JR.
 1300 EAST CANAL STREET
 MULBERRY FL 33860**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	SEIGLER, A.M. JR.	
STREET ADDRESS	1300 EAST CANAL STREET	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KILPATRICK, ROBERT V	
STREET ADDRESS	1617 STEPHANIE LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROWAND, BENJAMIN F	
STREET ADDRESS	P.O. BOX 1 N/A	
CITY-ST-ZIP	BRADLEY FL 33835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Benjamin F. Rowand* **Benjamin F. Rowand**
 SECRETARY OF STATE
 Date: **2/6/00** Daytime Phone #: **(863) 428-307**

CR2E037 (9/99)