

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000036

1. Entity Name

MT. OLIVET-MANNTOWN CEMETERY, INC.

**FILED**  
Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90098 021 \*\*\*\*61.25

Principal Place of Business

COUNTY RD. #125  
GLEN ST. MARY FL 32040

Mailing Address

P.O. BOX 532  
MACCLENNEY FL 32063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2148372

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

FRASER, CARL B  
821 BOBBY SAPP RD.  
MACCLENNEY FL 32063

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 DP  
NAME FRASER, CARL B  
STREET ADDRESS 821 BOBBY SAPP RD.  
CITY-ST-ZIP MACCLENNEY FL 32063 ☐ Delete

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

TITLE D  
NAME MANN, W.T. (BUCK)  
STREET ADDRESS P.O. BOX 192 N/A  
CITY-ST-ZIP SANDERSON FL 32087 ☐ Delete

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

TITLE STD  
NAME FISER, FAY  
STREET ADDRESS 562 JONATHAN ST  
CITY-ST-ZIP MACCLENNEY FL 32063 ☐ Delete

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

TITLE D  
NAME FISER, CONRAD L  
STREET ADDRESS 562 JONATHAN ST  
CITY-ST-ZIP MACCLENNEY FL 32063 ☐ Delete

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

TITLE D  
NAME STEWART, BILLY  
STREET ADDRESS RT. 1 BOX 532 N/A  
CITY-ST-ZIP MACCLENNEY FL 32063 ☐ Delete

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

TITLE D  
NAME BYRD, SCHELL  
STREET ADDRESS P.O. BOX 144 N/A  
CITY-ST-ZIP GLEN ST. MARY FL 32040 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
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: Carl B Fraser 1-31-01 904 259-2916  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)