2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N97000000036**

Jan 28, 2002 8:00 am Secretary of State 1. Entity Name MT. OLIVET-MANNTOWN CEMETERY, INC. 01-28-2002 90057 016 ****61.25 Principal Place of Business Mailing Address COUNTY RD. #125 P.O. BOX 532 GLEN ST. MARY FL 32040 MACCLENNY FL 32063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-2148372 Not Applicable Zip Country Zip Country \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FRASER, CARL B 821 BOBBY SAPP RD. MACCLENNY FL 32063 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE DP ☐ Defete TITLE ☐ Change ☐ Addition NAME FRASER, CARL B NAME STREET ADDRESS STREET ADDRESS 821 BOBBY SAPP RD. CITY-ST-ZIP CITY-ST-ZIP MACCLENNY FL 32063 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MANN, W.T. (BUCK) NAME STREET ADDRESS STREET ADDRESS P.O. BOX 192 CITY-ST-ZIP CITY-ST-ZIP -SANDERSON FL"32087 ☐ Addition STD ☐ Delete TITLE ☐ Change TITLE NAME NAME FISER, FAY STREET ADDRESS STREET ADDRESS 562 JONATHAN ST CITY-ST-ZIP CITY-ST-ZIP MACCLENNY FL 32063 Change ☐ Addition ☐ Delete TITLE TITLE FISER, CONRAD L NAME NAME STREET ADDRESS STREET ADDRESS 562 JONATHAN ST CITY-ST-ZIP CITY-ST-ZIP MACLENNY FL 32063 Change ☐ Addition TITLE ☐ Delete TITLE STEWART, BILLY NAME NAME

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