

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90005 014 ****61.25

DOCUMENT # N97000000529

1. Entity Name

PINEWOOD MAIN STREET CEMETERY SUPPORT CORPORATIO

Principal Place of Business

Mailing Address

409 NO OLEANDER AVENUE
 DAYTONA BEACH FL 32118-033
 US

409 NO OLEANDER AVENUE
 DAYTONA BEACH FL 32118-4033
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3431970

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

President
KERRIS, WILLIAM E
 409 NO OLEANDER AVENUE
 DAYTONA BEACH FL 32118

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	D <input type="checkbox"/> Delete
NAME	BAGGETT, WILLMANS B
STREET ADDRESS	188 PALM SPARROW COURT
CITY-ST-ZIP	PORT ORANGE FL 32119 DAYTONA BEACH
TITLE	D <input type="checkbox"/> Delete
NAME	CARVAGNO, SEBASTIAN B
STREET ADDRESS	316 MAIN ST
CITY-ST-ZIP	DAYTONA BEACH FL 32118
TITLE	D <input type="checkbox"/> Delete
NAME	IRWIN, JACK
STREET ADDRESS	1439 CHAMALE LANE
CITY-ST-ZIP	PORT ORANGE FL 32119
TITLE	D <input type="checkbox"/> Delete
NAME	KERRIS, WILLIAM E
STREET ADDRESS	409 NO OLEANDER AVE.
CITY-ST-ZIP	DAYTONA BEACH FL 32118
TITLE	D <input type="checkbox"/> Delete
NAME	NELSON, JAMES T
STREET ADDRESS	928 S. PENINSULA DR.
CITY-ST-ZIP	DAYTONA BEACH FL 32118
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SIMONS, CLAYTON
STREET ADDRESS	1171 PEACHTREE ROAD
CITY-ST-ZIP	DAYTONA BEACH FL 32114

TITLE	Secretary-Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard H. Wetherell
STREET ADDRESS	525 N. Halifax Ave. #7
CITY-ST-ZIP	Daytona Beach 32118-4066
TITLE	August Beck, Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	August Beck, Jr.
STREET ADDRESS	1302 San Jose Blvd.
CITY-ST-ZIP	Holly Hill, Fl 32127
TITLE	Thomas Scianablo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Scianablo
STREET ADDRESS	405 Main Street
CITY-ST-ZIP	Daytona Beach, Fl 32118
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 *Howard H. Wetherell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard H. Wetherell, Secy-Treas. 2/4/00 904/253-0460

Date

Daytime Phone #

CR2E037 (9/99)