

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000529

1. Entity Name

PINEWOOD MAIN STREET CEMETERY SUPPORT CORPORATIO

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

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

Principal Place of Business

409 NO OLEANDER AVENUE
DAYTONA BEACH FL 32118-033
US

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

59-3431970

Applied For

Not Applicable

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	1302 San Jose Blvd.	
STREET ADDRESS	Holly Hill, Fl 32127	
CITY-ST-ZIP		
TITLE	Thomas Scianablo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	405 Main Street	
STREET ADDRESS	Daytona Beach, Fl 32118	
CITY-ST-ZIP		
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* Howard H. Wetherell, Secy-Treas. 2/4/00 904/253-0460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)