

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90270 044 ****61.25

DOCUMENT # N97000000529

1. Entity Name

PINEWOOD MAIN STREET CEMETERY SUPPORT CORPORATIO

Principal Place of Business

**409 NO OLEANDER AVENUE
DAYTONA BEACH FL 32118-033
US**

Mailing Address

**409 NO OLEANDER AVENUE
DAYTONA BEACH FL 32118-033
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

**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** ☐ Delete
NAME **BAGGETT, WILLMANS B**
STREET ADDRESS **188 PALM SPARROW COURT**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE **D** ☐ Change ☐ Addition
NAME **Arthur Bailey**
STREET ADDRESS **3612 Surfside Terrace**
CITY-ST-ZIP **Daytona Beach FL 32127**

TITLE **D** ☐ Delete
NAME **CARVAGNO, SEBASTIAN B**
STREET ADDRESS **316 MAIN ST**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **D** ☐ Change ☐ Addition
NAME **Thomas Scianablo**
STREET ADDRESS **405 Main Street**
CITY-ST-ZIP **Daytona Beach FL 32118**

TITLE **D** ☒ Delete
NAME **IRWIN, JACK**
STREET ADDRESS **1439 CHAMALE LANE**
CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE **D** ☐ Change ☐ Addition
NAME **Michael J. Forest**
STREET ADDRESS **105 N. Halifax Ave.**
CITY-ST-ZIP **Daytona Beach FL 32118**

TITLE **D** ☐ Delete
NAME **KERRIS, WILLIAM E**
STREET ADDRESS **409 NO OLEANDER AVE.**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **D** ☐ Change ☐ Addition
NAME **August Beck, Jr.**
STREET ADDRESS **1302 San Jose Blvd.**
CITY-ST-ZIP **Holly Hill, FL 32117**

TITLE **D** ☐ Delete
NAME **NELSON, JAMES T**
STREET ADDRESS **928 S. PENINSULA DR.**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

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

TITLE **D** ☐ Delete
NAME **Secy-Treasurer**
STREET ADDRESS **Howard H. Wetherell**
CITY-ST-ZIP **525 N. Halifax Ave. #7
Daytona Beach FL 32118-4066**

TITLE ☐ Change ☐ 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. 1/31/001

Date **904/253-0000** Phone #

CR2E037 (10/00)