2000 UNIFORM BUSINESS REPORT (UBR)

3/3/3/3/1

FILED
Jul 06, 2000 8:00 am
Secretary of State
03-03-2000 90249 049 ****61.25

DOCUMENT # N97000004717

1. Entity Name

BRICKYARD CEMETERY, INCORPORATED

Principal Place of Business	Mailing Address
20 S. 5TH STREET FERNANDINA BEACH FL 32034	20 S. 5TH STREET FERNANDINA BEACH FL 32034-3902

DO NOT WRITE IN THIS SPACE

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 (58-2391344) 58-2391344 APPLIED FOR ☐ 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
DAVIS, CLYDE W 20 S. 5TH STREET FERNANDINA BEACH FL 32034	Name: DOROTHY M. PEEPLES / HUBERT VANZANT Street Address (P.O. Box Number is Not Acceptable): ~~1067 Escott Rd~~ ~~Kingsland, GA 31548~~ or City: RT 1 BOX 1790 HILLIARD FL Zip Code: 32046

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: Dorothy M. Peeples 2/25/2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, CHRIS M RT. 1 BOX 2050 HILLIARD FL 32046	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition PLEASE ALLOW THE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REYNOLDS, WOODROW P.O. BOX 685 FERNANDINA BEACH FL 32035-0685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition BOARD MEMBERS NAMED
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEEPLES, DOROTHY N 925 ESCOTT ROAD KINGSLAND GA 31548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition ABOVE TO BE THE AGENTS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANZANT, HUBERT RT. 1 BOX 1750 HILLIARD FL 32046	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition FOR BRICKYARD CEMETERY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LESTER MASON RT 1, BOX 2070 HILLIARD, FLA 32046	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition IF INFO. IS NEEDED, PLEASE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition CONTACT EITHER PARTY

CR2E037 (9/99)

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: Dorothy M. Peeples 2/25/2000 912-729-5025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #