

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90063 044 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

HUBERT VANZANT  
 Suite, Apt. #, etc.

262 ESCOTT RD.  
 Suite, Apt. #, etc.

RT 1 BOX 1790  
 City & State

KINGSLAND, GA  
 City & State

HILLIARD, FLA

31548

Zip

Country

Zip

Country

32046

NASSAU

31548

CAMDEN



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2591344

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

VANZANT, HUBERT  
 RT 1 BOX 1790  
 HILLIARD FL 32046

AND/OR DOROTHY PEEPLES  
 262 ESCOTT RD  
 KINGSLAND, GA  
 31548

Name  
 HUBERT VANZANT / DOROTHY PEEPLES  
 Street Address (P.O. Box Number is Not Acceptable)  
 262 ESCOTT RD  
 KINGSLAND, GA 31548  
 City RT 1 BOX 1790  
 HILLIARD, FLA 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*  
 Signature, typed or printed name of registered agent and title if applicable.

DOROTHY M PEEPLES  
 (NOTE: Registered Agent signature required when reinstating)

DATE

1-20-2001

**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 ☐ Delete  
 NAME D  
 STREET ADDRESS JOHNSON, CHRIS M  
 CITY-ST-ZIP RT. 1 BOX 2050  
 HILLIARD FL 32046

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS REYNOLDS, WOODROW  
 CITY-ST-ZIP P.O. BOX 685  
 FERNANDINA BEACH FL 32035-0685

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS PEEPLES, DOROTHY N  
 CITY-ST-ZIP 925 ESCOTT ROAD  
 KINGSLAND GA 31548

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS VANZANT, HUBERT  
 CITY-ST-ZIP RT. 1 BOX 1750  
 HILLIARD FL 32046

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

TITLE ☐ Delete  
 NAME LESTER MASON  
 STREET ADDRESS RT. 1 BOX  
 CITY-ST-ZIP HILLIARD, FLA 32046

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Dorothy M Peeples*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)