

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004717

1. Entity Name

BRICKYARD CEMETERY, INCORPORATED

FILED

Mar 04, 2002 8:00 am  
Secretary of State

03-04-2002 90019 036 \*\*\*\*61.25

Principal Place of Business

HUBERT VANZANT  
RT 1 BOX 1790  
HILLIARD FL 32046

Mailing Address

262 ESCOTT RD  
KINGSLAND GA 31548

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

58-2591344

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VANZANT, HUBERT  
RT 1 BOX 1790  
HILLIARD FL 32046

7. Name and Address of New Registered Agent

Name

HUBERT VANZANT

Street Address (P.O. Box Number is Not Acceptable)

RT 1 BOX 1790 MAYFAIR TRAIL  
HILLIARD FL

City

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 VANZANT Hubert  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

2-15-02

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

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

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

TITLE ☐ Delete  
NAME D  
PEEPLER, DOROTHY N  
STREET ADDRESS 925 ESCOTT ROAD 262  
CITY-ST-ZIP KINGSLAND GA 31548

TITLE ☐ Delete  
NAME D  
VANZANT, HUBERT  
STREET ADDRESS RT 1 BOX 1790 MAYFAIR TRAIL  
CITY-ST-ZIP HILLIARD FL 32046

TITLE ☐ Delete  
NAME D  
MASON, LESTER  
STREET ADDRESS RT 1 BOX 1790  
CITY-ST-ZIP HILLIARD FL 32046

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-02

CR2E037 (9/01)