

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005884

1. Entity Name

ROCKY HAMMOCK CEMETERY ASSOCIATION, INC.

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90091 039 \*\*\*\*61.25

Principal Place of Business

1951 SE 76TH PLACE  
 GULF HAMMOCK FL 32639

Mailing Address

P.O. BOX 144  
 GULF HAMMOCK FL 32639  
 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

59-3601313

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

YEARTY, DANIEL G  
 1951 SE 76TH PLACE  
 GULF HAMMOCK FL 32639

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**  
**After September 13, 2000 min. will be \$236.25**

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	DP	<input type="checkbox"/> Delete
NAME	YEARTY, DANIEL G	
STREET ADDRESS	1951 SE 76TH PLACE	
CITY-ST-ZIP	GULF HAMMOCK FL 32639	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CANNON, MARGARET	
STREET ADDRESS	375 SW 1ST AVE	
CITY-ST-ZIP	WALDO FL 32694	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIRD, MARY	
STREET ADDRESS	3950 SE CR 326	
CITY-ST-ZIP	GULF HAMMOCK FL 32639	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECK, MORRIS	
STREET ADDRESS	1120 NW BARCELONA	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	STD	<input type="checkbox"/> Delete
NAME	OWENS, PAMELA L	
STREET ADDRESS	4450 SE 45TH ST	
CITY-ST-ZIP	GULF HAMMOCK FL 32639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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	
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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:

*PAMELA L. OWENS* PAMELA L. OWENS 9/5/00 (352) 486-2161  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)