

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005423

1. Entity Name

CENTER HILL CEMETERY, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90069 032 ****70.00

Principal Place of Business
114 NE 1ST ST.
TRENTON FL 32693
4022 SE 17th Trail
Trenton FL 32693

Mailing Address
4022 SE 17th Trail
TRENTON FL 32693-0308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4022 SE 17th Trail
Suite, Apt. #, etc.
Trenton FL
City & State

3. Mailing Address
4022 SE 17th Trail
Suite, Apt. #, etc.
Trenton FL
City & State

4. FEI Number
59-3607299

Applied For
Not Applicable

Zip
32693
Country
USA

Zip
32693
Country
USA

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

6. Name and Address of Current Registered Agent
BURT, THEODORE M ESQ.
114 NE 1ST ST.
TRENTON FL 32693

7. Name and Address of New Registered Agent
Name
CASEY A CARLISLE
Street Address (P.O. Box Number is Not Acceptable)
4022 SE 17th Trail
City
Trenton FL Zip Code
32693

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 *Casey A Carlisle* Casey A Carlisle 4/15/00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARLISLE, CASEY A	
STREET ADDRESS	4022 SE 17TH TRAIL	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BONNELL, BRYAN R	
STREET ADDRESS	2450 SE 35TH AVE.	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BONNELL, DOROTHY	
STREET ADDRESS	2320 SE 35TH AVE.	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARLISLE, MARIANNE B	
STREET ADDRESS	4022 SE 17TH TRAIL	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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: *Casey A Carlisle* CASEY A CARLISLE 4/15/00 904-462-1125 x240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)