

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005496

1. Entity Name

HICKORY SPRINGS CEMETERY ASSOCIATION INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90008 038 ****61.25

Principal Place of Business	Mailing Address
11875 CEDAR STREET DUNNELLON FL 34431	11875 CEDAR STREET DUNNELLON FL 34431-6778



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Hickory Springs Cemet.	Hickory Springs Cem.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
2201 SW 210 Ave.	2201 SW 210 Ave
City & State	City & State
Dunnellon, Florida	Dunnellon, Fla.
Zip	Zip
34431	34431
Country	Country
Marion	Marion

4. FEI Number	Applied For
	<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MARKHAM, HARVEY 2201 S.W. 210TH AVE. DUNNELLON FL 34431

7. Name and Address of New Registered Agent
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 Harvey Markham 1-28-2000
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	
TITLE	D <input type="checkbox"/> Delete
NAME	MARKHAM, HARVEY
STREET ADDRESS	2201 S.W. 210TH AVE.
CITY-ST-ZIP	DUNNELLON FL 34431
TITLE	D <input type="checkbox"/> Delete
NAME	MARKHAM, RUDOLPH
STREET ADDRESS	1749 S.W. 210TH AVE.
CITY-ST-ZIP	DUNNELLON FL 34431
TITLE	D <input type="checkbox"/> Delete
NAME	MARKHAM, FRANK
STREET ADDRESS	21212 S.W. 10TH ST.
CITY-ST-ZIP	DUNNELLON FL 34431
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Harvey Markham 1-28-2000 352/489-2708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)