

N99000005496 ✓

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90014 014 ****61.25

ty Name

KORY SPRINGS CEMETERY ASSOCIATION INC.

Principal Place of Business

Mailing Address

KORY SPRINGS CEMETERY
 2201 SW 210 AVE
 DUNNELLON FL 34431

HICKORY SPRINGS CEMETERY
 2201 SW 210 AVE
 DUNNELLON FL 34431

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

Name

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

City

FL

Zip Code

MARKHAM, HARVEY
 2201 S.W. 210TH AVE.
 DUNNELLON FL 34431

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

ADDRESS -ZIP-	NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
D MARKHAM, HARVEY 2201 S.W. 210TH AVE. DUNNELLON FL 34431			<input type="checkbox"/> Delete
D MARKHAM, RUDOLPH 1740 S.W. 210TH AVE. DUNNELLON FL 34431			<input type="checkbox"/> Delete
D MARKHAM, FRANK 21212 S.W. 10TH ST. DUNNELLON FL 34431			<input type="checkbox"/> Delete
			<input type="checkbox"/> Delete
			<input type="checkbox"/> Delete
			<input type="checkbox"/> Delete

CR2E037 (9/01)

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 G. Markham*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-02 352-489-2708