

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90043 009 ***158.75

DOCUMENT # P01000117368
1. Entity Name
ALACHUA COUNTY CREMATION & BURIAL SOCIETY, INC.

Principal Place of Business
2208 N.E. 17TH TERRACE
GAINESVILLE FL 32609

Mailing Address
2208 N.E. 17TH TERRACE
GAINESVILLE FL 32609

2. Principal Place of Business
2615 N. E. 17th TERRACE

3. Mailing Address
P. O. BOX 2716

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GAINESVILLE, FLORIDA

City & State
GAINESVILLE, FLORIDA

4. FEI Number
02-0566872

Applied For
Not Applicable

Zip
32609

Country
ALACHUA

Zip
32602

Country
ALACHUA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORING, BADGER D SR.
2208 N.E. 17TH TERRACE
GAINESVILLE FL 32609

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 *Badger D. Moring, Sr.* **BADGER D. MORING, SR., PRESIDENT & AGENT** **APRIL 15, 2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
BADGER D. MORING, SR.
2208 NE 17th TERR, GAINESVILLE, FL 32609

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Badger D. Moring, Sr.* **BADGER D. MORING, SR., PRESIDENT** **April 15, 2002** **352-378-0776**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)