

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 16, 2001 8:00 am**  
**Secretary of State**

07-16-2001 90003 044 \*\*\*\*61.25

0003304

**DOCUMENT # 700418**

1. Entity Name

**OAKDALE CEMETERY ASSOCIATION**

(USA)

Principal Place of Business

Mailing Address

**800 N. CLARA AVE.  
 725 N. FLORIDA AVENUE  
 DELAND FL 32720  
 US**

**OAKDALE CEMETERY  
 725 NORTH FLORIDA AVENUE  
 DELAND FL 32720  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0380205**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BRUNNING, RICHARD A.  
 725 NORTH FLORIDA AVENUE  
 DELAND FL 32720**

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 12, 2001, 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STEPP, DAVID</b>	
STREET ADDRESS	<b>235 KINCAID AVE</b>	
CITY-ST-ZIP	<b>DELAND, FL 00000</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BRADLEY, KENNETH</b>	
STREET ADDRESS	<b>799 TORCHWOOD AVE.</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> Delete
NAME	<b>BRUNNING, RICHARD A.</b>	
STREET ADDRESS	<b>725 N. FLOR. AVE.</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEVILLE, BETTIE</b>	
STREET ADDRESS	<b>125 FALLEN TIMBER RD</b>	
CITY-ST-ZIP	<b>DELAND FL 32724</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOULD, VINCENT</b>	
STREET ADDRESS	<b>230 E. TAYLOR ROAD</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, RICHARD</b>	
STREET ADDRESS	<b>256 CROOKED TREE TRAIL</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	

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	
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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:

*Richard A. Brunning*

7-7-01 386-734-0626

CR2E037 (5/01)