

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90075 030 ****61.25

DOCUMENT # 700418

1. Entity Name

OAKDALE CEMETERY ASSOCIATION

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

Zip

Country

Zip

Country

4. FEI Number

59-0380205

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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

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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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: *Richard A. Brunning* **RICHARD A. BRUNNING** 1-22-2002 386-726-7282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/01)