

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90007 021 ****61.25

DOCUMENT # 726410

1. Entity Name

KENANSVILLE CEMETERY, INCORPORATED

Principal Place of Business

100 LAKE MARION RD.
 KENANSVILLE FL 34739

Mailing Address

P.O. BOX 85
 KENANSVILLE FL 34739

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

59-2064739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CONANT, ANDREW J
 656 LAKESIDE BLVD.
 KENANSVILLE FL 32739

7. Name and Address of New Registered Agent

Name

AL DENKER

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

1225 GRANT BASS ROAD

City

KENANSVILLE

FL

Zip Code

34739

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

AL Denker

AL DENKER

4/24/01

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** ☐ Delete
 NAME **YATES, ROBERT**
 STREET ADDRESS **865 HARVEY RD.**
 CITY-ST-ZIP **KENANSVILLE FL 34739**

TITLE **P** ☒ Delete
 NAME **CONANT, ANDREW J**
 STREET ADDRESS **656 LAKESIDE BLVD.**
 CITY-ST-ZIP **KENANSVILLE FL 34739**

TITLE **V** ☒ Delete
 NAME **HARVEY, STEVE**
 STREET ADDRESS **505 HARVEY ROAD**
 CITY-ST-ZIP **KENANSVILLE FL 34739**

TITLE **S** ☐ Delete
 NAME **HARVEY, LILLIANE**
 STREET ADDRESS **505 HARVEY RD.**
 CITY-ST-ZIP **KENANSVILLE FL 34739**

TITLE **T** ☐ Delete
 NAME **LEE, DOROTHY**
 STREET ADDRESS **1420 S. CANOE CREEK ROAD**
 CITY-ST-ZIP **KENANSVILLE FL 34739**

TITLE **D** ☐ Delete
 NAME **HARVEY, LOLA**
 STREET ADDRESS **205 S. POST OFFICE RD.**
 CITY-ST-ZIP **KENANSVILLE FL 34739**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
 NAME **AL DENKER**
 STREET ADDRESS **1225 GRANT BASS ROAD**
 CITY-ST-ZIP **KENANSVILLE, FL 34739**

TITLE **V** ☒ Change ☐ Addition
 NAME **MARK ROWLAND**
 STREET ADDRESS **145 GRANT BASS ROAD**
 CITY-ST-ZIP **KENANSVILLE, FL 34739**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Lillian Harvey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LILLIANE HARVEY

4/24/01

Secretary

Date Daytime Phone #

CR2E037 (10/00)