

2002 UNIFORM BUSINESS REPORT (UBR)

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

7. Name and Address of New Registered Agent

DENKER, AL
1225 GRANT BASS RD
KENANSVILLE FL 34739

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

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

TITLE P ☐ Delete
NAME DENKER, AL
STREET ADDRESS 1225 GRANT BASS RD
CITY-ST-ZIP KENANSVILLE FL 34739

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

TITLE V ☐ Delete
NAME ROWLAND, MARK
STREET ADDRESS 145 GRANT BASS RD
CITY-ST-ZIP KENANSVILLE FL 34739

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

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

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

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

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

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

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

5/01/02
Date

Daytime Phone #

CR2E037 (9/01)