2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1 E 8EYERS

DOCUMENT # 125201

1. Entity Name

I E BEYERS

Principal Place of Business

BEYERS FUNERAL HOME, INC.

SIGNATURE: Troque

1123 WEST MAI LEESBURG FL 3			1123 WEST MAIN ST LEESBURG FLA 34748-4926				1 100) E L 1	1818 ISBN 11118 1	11 0 14 6010 2 1	IOI OIŽII ELI	TI) OLOK ELEK TI	1	
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO N	TIRW TC	E IN THIS	SPACE		
City & State			City & State			4.	4. FEI Number 59-0163480				<u> </u>	pplied For]
Zip Country			Zip Cou		ntry	5. Certificate of Status Desired					\$8.75 Ad	ot Applicable	1
									icate of Status Desired Fee			e Required	
	6. Name	and Address of Current F	legistered Agent		Name	7.	Name and	Address o	f New Re	gistered	Agent		┨
BEYE			Street Address (P.O. Box Number is Not Acceptable)								$\left\{ \right.$		
1123	W MAIN ST	Ī			Case, Case Society								$\frac{1}{2}$
LEES	BURG FL 3	4/40			Cib						Zip Cod		┨
	==		·		City				=	Fl			_
8. The above	named entity	submits this statement for	the purpose of changing its	s register	ed office or re	egistered ag	gent, or bo	th, in the Sta	te of Flor	ida.			
SIGNATURE _	Signature, typed o	or printed name of registered agent a	nd title if applicable. (NO	E: Registere	d Agent signature	required when	reinstating)			DATE			
Tax filing re		ole to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St			0.00							
11.	·	OFFICERS AND I	<u></u>	12.			 DDITIONS	/CHANGES	TO OFFIC	CERS AN	D DIRECTOR	RS IN 11	1
TITLE	PDT		☐ Delete	TITL	E	<u> </u>					☐ Change	☐ Addition	3
NAME	Beyers, I			NAM	1								
STREET ADDRESS	1123 W. M				EET ADDRESS '-ST-ZIP								1
CITY-ST-ZIP	LEESBURG	7 FL	Delete	TITL							☐ Change	Addition	١,
TITLE NAME	SELLERS	JOE H.	∟ Delete	NAN							C Outlings		
STREET ADDRESS	1123 W. N			STR	EET ADDRESS]
CITY-ST-ZIP	LEESBURG			CITY	'-ST-ZIP			 _					_
	SD		- Delete	- TITL				=		5 d	Change	☐ Addition	٠.
NAME		IARJORIE L		NAM OTD	_								}
STREET ADDRESS CITY-ST-ZIP	1123 W. M LEESBURG				EET ADDRESS '-ST-ZIP								
	DC	3 FL	[7] Oalato	TITL			-	 -			☐ Change	☐ Addition	1
title , Name	l	VAN E. JR.	Delete	NAN							onunge		
STREET ADDRESS	1123 W. N				EET ADDRESS								
CITY-ST-ZIP	LEESBURG			CITY	-ST-ZIP					_			_]
TITLE	D		☐ Delete	TITL	E :						Change	Addition]
NAME		DOUGLAS E.		NAM	KE.								-
STREET ADDRESS		NTRAL AVE.			EET ADDRESS								1
CITY-ST-ZIP	UMATILLA	tL .			/-ST-ZIP								\dashv
TITLE ,		•	Delete	TITL	~						Change	Addition	1
NAME				NAN STR	ie Eet address					-	• • • • • • • • • • • • • • • • • • • •		
STREET ADDRESS		•			-ST-ZIP			4 / 1 % 1					1

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.

ROGER A. BEYERS 4/271

FILED

May 24, 2000 8:00 am Secretary of State

05-24-2000 90082 029 ***150.00