

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011674

1. Entity Name

SARASOTA MEMORIAL FUNERAL HOME AND CREMATORY, LL

FILED

01 APR 25 PM 5:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

816 SOUTHEAST 24TH TERRACE
OCALA FL 34471

Mailing Address

816 SOUTHEAST 24TH TERRACE
OCALA FL 34471

2. Principal Place of Business

5750 SWIFT RD

Suite, Apt. #, etc.

3. Mailing Address

5750 SWIFT RD

Suite, Apt. #, etc.

City & State

SARASOTA FLORIDA

City & State

SARASOTA FLORIDA

Zip

34231

Country

SARASOTA

Zip

34231

Country

SARASOTA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

F&L CORP.
200 LAURA STREET NORTH
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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 \$50.00
Make Check Payable to Department of State

3000001164353--4
-05/09/01--01022--030
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE PRESIDENT ☐ Delete
NAME DOUGLAS H. JENNINGS JR
STREET ADDRESS 5750 SWIFT RD
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

DOUG JENNINGS JR
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-7-01

941-926-2223

CR2E083 (11/00)

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