2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State
02-28-2002 90047 049 ****61.25

DOCUMENT # N93000005016

1. Entity Name

FUNERAL CONSUMERS ASSOCIATION OF TAMPA BAY INC.

Principal Place of Business	Mailing Address
C/O M. SANDRA ELMORE 18902 ARBOR DR LUTZ FL 33548-5051 US	C/O M. SANDRA ELMORE 18902 ARBOR DR LUTZ FL 33548-5051 US

DO NOT WRITE IN THIS SPACE

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 59-3213555 ☐ 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
ELMORE, M S 18902 ARBOR DR LUTZ FL 33548-5051	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHOFIELD, CLYDE 5540 BETMAR DRIVE ZEPHYRHILLS FL 33541 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MUNGER, GERALD 10811 BURRITO DR RIVERVIEW, FL 33569-7206 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHANDLER, ROBERT 750 CEADR KNOLL DRIVE S LAKELAND FL 33809 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHANDLER, Robert 750 Cedar Knoll DR. S. LAKELAND, FL 33809 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LATSHAW, GEORGE 1211 HORSEMINT LANE WESLEY CHAPEL FL 33543 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES C. DYER 616 N. PARK RD DAVENPORT, FL 33837-9332 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ELMORE, M S 18902 ARBOR DR LUTZ FL 33573 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ELMORE, M.S. 18902 ARBOR DR LUTZ, FL 33548-5051 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OK ROLLAND, ALAN 3301 BAYSHORE BLVD, UNIT 1506 TAMPA FL 33629 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERT Schmeiser 711 TREMONT GREEN LN. SUN CITY CENTER, FL 33573 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD YOUNG, RICHARD 1704 AURA CT SUN CITY COURT FL 33573 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD YOUNG, RICHARD 1704 AURA CT. SUN City Center, FL 33573 ☒ Change ☐ Addition

CR2E037 (9/01)

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: M Sandra Elmore REQUIRED M SANDRA ELMORE 2/13/02 (813) 948-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #