

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90177 003 ****61.25

DOCUMENT # N93000005016

1. Entity Name

FUNERAL CONSUMERS ASSOCIATION OF TAMPA BAY INC.



Principal Place of Business

**C/O M. SANDRA ELMORE
18902 ARBOR DR
LUTZ FL 33548-5051
US**

Mailing Address

**C/O M. SANDRA ELMORE
18902 ARBOR DR
LUTZ FL 33548-5051
US**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ELMORE, M S
18902 ARBOR DR
LUTZ FL 33548-5051**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUNGER, GERALD 10811 BURRITO DR RIVERVIEW FL 33569-7206	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDLER, ROBERT 750 CEADR KNOLL DRIVE S LAKELAND FL 33809	☐ Delete
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	TD ELMORE, M S 18902 ARBOR DR LUTZ FL 33548-5051	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROLLAND, ALAN 3301 BAYSHORE BLVD, UNIT 1506 TAMPA FL 33629	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOUNG, RICHARD 1704 AURA CT. SUN CITY CENTER FL 33573	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES DYER 616 N. PARK AVE DAVENPORT, FL 33837-9332	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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* **SANDRA ELMORE**

2/14/03 (813) 948-1990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)