

2001 UNIFORM BUSINESS REPORT (JBR)

DOCUMENT # P97000064981

1. Entity Name

MARINER BOULEVARD FUNERAL CHAPEL, INC.

Principal Place of Business

3369 MARINER BLVD
SPRING HILL FL 34609

Mailing Address

3369 MARINER BLVD
SPRING HILL FL 34609

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 59-3459683

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCAUL, DOUGLAS A
15004 MIDDLE FAIRWAY DR
BROOKSVILLE FL 34609

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME MCCAUL, DOUGLAS A
STREET ADDRESS 15004 MIDDLE FAIRWAY DR
CITY-ST-ZIP BROOKSVILLE FL 34609 ☐ Delete

TITLE D
NAME MCCAUL, VELVA D
STREET ADDRESS 15004 MIDDLE FAIRWAY DR
CITY-ST-ZIP BROOKSVILLE FL 34609 ☐ Delete

TITLE D
NAME FAUPEL, MERL D
STREET ADDRESS 7310 BURNS PT. CIRCLE
CITY-ST-ZIP NEW PT RICHEY FL 34652-1311 ☐ Delete

TITLE D
NAME FAUPEL, EVA M
STREET ADDRESS 7310 BURNS PT. CIRCLE
CITY-ST-ZIP NEW PT RICHEY FL 34652-1311 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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CITY-ST-ZIP

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

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.

SIGNATURE: *Velva D. McCaul*, VELVA D. MCCAUL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-01
Date

(352) 796-1656
Daytime Phone #

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90032 022 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)