

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600429

1. Entity Name

E.A. STEVENS FUNERAL HOME P A

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90153 006 \*\*\*150.00

Principal Place of Business

315 NW PEMBROKE RD.  
HALLANDALE FL 33009

Mailing Address

315 NW PEMBROKE RD.  
HALLANDALE FL 33009-2343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1272897

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STEVENS, YVONNE  
315 NW PEMBROKE RD.  
HALLANDALE FL 33009

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	STEVENS, YVONNE	
STREET ADDRESS	315 NW PEMBROKE RD	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIXON, MAURICE H	
STREET ADDRESS	315 NW PEMBROKE RD	
CITY-ST-ZIP	HALLANDALE FL 33-009.	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEVENS, KENNEDY	
STREET ADDRESS	315 N.W. PEMBROKE ROAD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEVENS, LAVETTE	
STREET ADDRESS	315 N.W. PEMBROKE ROAD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WRIGHT, WANDA	
STREET ADDRESS	315 N.W. PEMBROKE ROAD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FUNERAL DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	H. WILLIAM LEE	
STREET ADDRESS	315 N.W. PEMBROKE ROAD	
CITY-ST-ZIP	HALLANDALE, FLA. 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Yvonne Stevens YVONNE STEVENS (owner/Pres) 4/14/00 954-457-4884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)