

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 667467

1. Entity Name  
CARTHAGE CHAPEL FUNERAL HOME, INC.

Principal Place of Business Mailing Address  
933 W. BEAVER ST. P.O. BOX 2412  
JACKSONVILLE FL 32204 JACKSONVILLE FL 32203  
US 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 59-1997104 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

PEELE, KENNETH JR  
929 WEST BEAVER ST  
PO BOX 2412  
JACKSONVILLE FL 32203

## 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 *Kenneth Peele*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

AUGUST 28, 2001

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP  
ST PEELE, SHARON L 4336 ROTH DRIVE, SOUTH JACKSONVILLE FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
P PEELE, KENNETH JR 1234 TURTLE CREEK DR. N. JACKSONVILLE FL 32218 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VPD PEELE-PITTS, GAYLE 3339 FRANKLIN AVENUE COCONUT GROVE FL 33133 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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: *Kenneth Peele*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUGUST 29, 2001 (904) 354-0545

Date Daytime Phone #

FILED  
Sep 06, 2001 8:00 am  
Secretary of State

09-06-2001 90054 008 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)