

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702071

1. Entity Name

FLORIDA CEMETERY ASSOCIATION, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90032 023 ****61.25

Principal Place of Business

Mailing Address

9013 SW 78 PL
MIAMI FL 33156
US

P.O. BOX 561008
MIAMI FL 33256-1008

600178



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

59-1694817

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

COLEMAN, PHILLIP LLOYD
9013 SW 78 PL
MIAMI FL 33156

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

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 SD ☐ Delete
NAME COLEMAN, PHILLIP LLOYD
STREET ADDRESS 9013 SW 78 PL
CITY-ST-ZIP MIAMI FL 33152

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

TITLE PD ☐ Delete
NAME SWANSON, RICK
STREET ADDRESS 12777 STATE RD #82
CITY-ST-ZIP FT MYERS FL 33913

TITLE ☒ Change ☐ Add
NAME delete
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME TUSS, RICK
STREET ADDRESS 1950 CENTER RD
CITY-ST-ZIP VENICE FL 34292

TITLE ☒ Change ☐ Add
NAME President
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME ROMANACH, GABRIEL
STREET ADDRESS 3260 SW 8TH STREET
CITY-ST-ZIP MIAMI FL 33135

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME DOUG KINZER
STREET ADDRESS 2101 NW 33 ST
CITY-ST-ZIP SUITE A-700
DOMINIC BEACH FL 33069

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

Date

305 245 442

Daytime Phone #