

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	<input type="checkbox"/> Delete
NAME	COLEMAN, PHILLIP LLOYD	
STREET ADDRESS	9013 SW 78 PL	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SWANSON, RICK	
STREET ADDRESS	12777 STATE RD #82	
CITY-ST-ZIP	FT MYERS FL 33913	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TUSS, RICK	
STREET ADDRESS	1950 CENTER RD	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROMANACH, GABRIEL	
STREET ADDRESS	3260 SW 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	delete	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	PRESIDENT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME	VPD DOUG KINZER	
STREET ADDRESS	2101 NW 33 ST	
CITY-ST-ZIP	SUITE A-700 DOMINIQUE BEACH FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Phillip L. Coleman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00
 Date

305 245 4442
 Daytime Phone #