

2002 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 21, 2002 8:00 am
Secretary of State

04-10-2002 90731 001 ***122.50

DOCUMENT # 702071

1. Entity Name

FLORIDA CEMETERY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9013 SW 78 PL
 MIAMI FL 33156
 US

P.O. BOX 561008
 MIAMI FL 33256

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



DO NOT WRITE IN THIS SPACE

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.

S IN 10

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

TITLE **VP**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VP RANDALL STUART
517 PARKN ST
JACKSONVILLE FL 32204

Change Addition

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

TITLE **VP**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VP KEENAN KNOPKE
121 S ORANGE ST
WINTER PARK FL 32789

Change Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME **VPD**
KLEIN, LES
 STREET ADDRESS **14200 NW 57 AVE**
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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 REQUIRED

4/11/02

Date

305-245-4444

Daytime Phone #

CP2E037 (9/01)