

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

0079404

03-05-2003 90068 006 ****61.25

DOCUMENT # 702071

1. Entity Name

FLORIDA CEMETERY ASSOCIATION, INC.



Principal Place of Business

**9013 SW 78 PL
MIAMI FL 33156
US**

Mailing Address

**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**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME **DIRECTOR**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VPD
STUART, RANDAL**
STREET ADDRESS **517 PARK ST**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE Change Addition
NAME **PRESIDENT**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VPD
KNOPKE, KEENAN**
STREET ADDRESS **121 S ORANGE ST**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **D
TERRY ROBERTS**
STREET ADDRESS **1717 BOGGS CREEK RD**
CITY-ST-ZIP **KISSIMEE FL 34744**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ph M 3/5/03 305 245 4444

CR2E037 (10/02)