

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90017 003 \*\*\*\*61.25

**DOCUMENT # 730242**

1. Entity Name

**THE FUNERAL CONSUMER ASSOCIATION OF LEON COUNTY.**

Principal Place of Business

Mailing Address

1006 BUENA VISTA DR.  
TALLAHASSEE FL 32304

1006 BUENA VISTA DR.  
TALLAHASSEE FL 32304-1810

708798



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

**59-2355002**

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

**SWAIN, CHARLES W.**  
**1006 BUENA VISTA DRIVE**  
**TALLAHASSEE FL 32304**

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 **VPD**  Delete  
 NAME **ALLEN, RODNEY F.**  
 STREET ADDRESS **1105 LASSWADE DRIVE**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **VPD**  Change  Addition  
 NAME **MURPHY, JOHN J.S.**  
 STREET ADDRESS **40 VICTORY GARDEN DR., # 127**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301-3248**

TITLE **SD**  Delete  
 NAME **SWAIN, CHARLES W.**  
 STREET ADDRESS **1006 BUENA VISTA DR.**  
 CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **PHIFER, GREGG**  
 STREET ADDRESS **1584 MARION AVE.**  
 CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CLAY, LOUISE**  
 STREET ADDRESS **3007 ECHO POINT LN**  
 CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **LUEBKEMANN, HEINZ**  
 STREET ADDRESS **3004 BROOKMONT DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE  Change  Addition  
 NAME **LUEBKEMANN, HEINZ**  
 STREET ADDRESS **3004 BROOKMONT DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **PD**  Delete  
 NAME **ALLEN, RODNEY F.**  
 STREET ADDRESS **1105 LASSWADE DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312-2843**

TITLE **TD**  Change  Addition  
 NAME **HUTCHINSON, LADONNA**  
 STREET ADDRESS **1902 ROSEDALE DRIVE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

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:** Charles W. Swain (Charles W. Swain) 25 Jan 2000 (850) 224-2088  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #