

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730242

1. Entity Name

THE FUNERAL CONSUMER ASSOCIATION OF LEON COUNTY.

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

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

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 410 VICTORY GARDEN DR., #127
CITY-ST-ZIP TALLAHASSEE FL 32301-3240

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 PD ☒ 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) 224-208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #