

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 730242**

1. Entity Name

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

Principal Place of Business

**1006 BUENA VISTA DR.
TALLAHASSEE FL 32304**

Mailing Address

**1006 BUENA VISTA DR.
TALLAHASSEE FL 32304**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2355002

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
MURPHY, JOHN JS
410 VICTORY GARDEN DR 127
TALLAHASSEE FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SWAIN, CHARLES W.
1006 BUENA VISTA DR.
TALLAHASSEE, FL 00000** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PHIFER, GREGG
1584 MARION AVE.
TALLAHASSEE, FL 00000** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLAY, LOUISE
3007 ECHO POINT LN
TALLAHASSEE FL 32310** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LUEBKEMANN, HEINZ
3004 BROOKMONT DR
TALLAHASSEE FL 32312** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HUTCHINSON, LADONNA
1902 ROSEDALE DRIVE
TALLAHASSEE FL 32303** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**D
Allen, Carol
1105 Lasswade Dr.
Tallahassee FL 32312-2843**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:

Charles W. Swain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-2002 224-2082

CR2E037 (9/01)