

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90077 016 ****61.25

DOCUMENT # 736265

1. Entity Name

THE FUNERAL AND MEMORIAL SOCIETY OF SOUTHWEST FL

Principal Place of Business

415 SW 7TH TERR
CAPE CORAL FL 33991
US

Mailing Address

PO BOX 7756
FT MYERS FL 33911
US

00000000



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

65-0519466

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

RICHARDSON, ALLEN S
415 SW 7TH TERR
CAPE CORAL FL 33994

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 NAME	D RICHARDSON, BERNICE	<input type="checkbox"/> Delete
STREET ADDRESS	415 SW 7TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE NAME	D BROOKS, PRISCILLA	<input type="checkbox"/> Delete
STREET ADDRESS	2100 KINGS HWY. #347	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE NAME	SD SILVIUS, HERMAN T III	<input type="checkbox"/> Delete
STREET ADDRESS	1128 SE 17TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33990-4514	
TITLE NAME	P RICHARDSON, ALLEN S	<input type="checkbox"/> Delete
STREET ADDRESS	415 SW 7TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE NAME	D GEETING, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	19451 GANTY LANE	
CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE NAME	D GEETING, MYRON	<input type="checkbox"/> Delete
STREET ADDRESS	19451 GANTY LANE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	

TITLE NAME	D WEILER, HARRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	11751 Caravel Circle SW	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE NAME	D FREDERICK, HELEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	284 BOROS DRIVE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE NAME	D AHLERS, BARBARA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	24300 AIRPORT ROAD (#102)	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE NAME	D AHLERS, WILLIAM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	24300 AIRPORT ROAD (#102)	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE NAME	D FREDERICK, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	284 BOROS DRIVE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE NAME	D BROOKS, GEORGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2100 KINGS HIGHWAY (#347)	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	

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:

Herman T. Silvius
Herman T. Silvius, Jr., secty.

Date

Daytime Phone #

12 January 2001

(941)
458-8910

CR2E037 (10/00)