

# 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

UUUUUUU



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

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

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

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*  
 Signature and Typed or Printed Name of Signing Officer or Director

12 January 2001

(941) 458-8910

CR2E037 (10/00)