

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90037 012 \*\*\*\*61.25



**DOCUMENT # 736265**

1. Entity Name  
**FUNERAL CONSUMERS ALLIANCE, SOUTHWEST FLORIDA CHAPTER, INC.**

Principal Place of Business  
**415 SW 7TH TERR  
CAPE CORAL FL 33991  
US**

Mailing Address  
**PO BOX 7756  
FT MYERS FL 33911  
US**



CHECK HERE IF MAKING CHANGES  
*change to proper  
change to party*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0519466** *Z* 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  
**RICHARDSON, ALLEN S  
415 SW 7TH TERR  
CAPE CORAL FL 33991**  
*33991*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>WEINTRAUB, HERBERT</b>
STREET ADDRESS	<b>2404 ABCOTT STREET</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>WEINTRAUB, JUNE</b>
STREET ADDRESS	<b>2404 ABCOTT STREET</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>AHLERS, WILLIAM</b>
STREET ADDRESS	<b>24300 AIRPORT RD 102</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>AHLERS, BARBARA</b>
STREET ADDRESS	<b>24300 AIRPORT RD 102</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>WEILER, HARRY</b>
STREET ADDRESS	<b>11751 CARAVEL CR SW</b>
CITY-ST-ZIP	<b>FORT MYERS FL 33908</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FREDERICK, VIRGINIA</b>
STREET ADDRESS	<b>6101 PARK RD SW</b>
CITY-ST-ZIP	<b>FORT MYERS FL 33908</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>George G. Brooks</b>
STREET ADDRESS	<b>2100 Kings Highway (#347)</b>
CITY-ST-ZIP	<b>Port Charlotte FL 33980</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Frederick, Robert</b>
STREET ADDRESS	<b>284 Boros Drive</b>
CITY-ST-ZIP	<b>North Fort Myers FL 33903</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Frederick, Helen</b>
STREET ADDRESS	<b>284 Boros Drive</b>
CITY-ST-ZIP	<b>North Fort Myers FL 33903</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Richardson, Bernice</b>
STREET ADDRESS	<b>415 SW 7th Terrace</b>
CITY-ST-ZIP	<b>Cape Coral FL 33991</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Brewer, William</b>
STREET ADDRESS	<b>888 Cypress Lake Circle</b>
CITY-ST-ZIP	<b>Fort Myers FL 33919-6014</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Allen S. Richardson* 15 January 2003 (239) 574-6278  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)