

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90103 049 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 759911**

1. Entity Name  
**MARCO ISLAND CEMETERY, INC.**

Principal Place of Business      Mailing Address  
**489 W. ELKCAM CIRCLE**      **P.O. BOX 23**  
**MARCO ISLAND FL 34145**      **MARCO ISLAND FL 34146-0023**  
**US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**59-2222856**       Not Applicable

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

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

**ZUMBRUN, PHOEBE V.**  
**457 TALLWOOD #3076**  
**MARCO ISLAND FL 341485**

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 \_\_\_\_\_ (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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DUFAULT, DANIEL</b>
STREET ADDRESS	<b>971 SCOTT DR.</b>
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RANIERI, RICK</b>
STREET ADDRESS	<b>1001 VALLEY</b>
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ROACH, TANDY</b>
STREET ADDRESS	<b>1817 N. BAHAMA AVE.</b>
CITY-ST-ZIP	<b>MARCO ISLD FL 34145</b>
TITLE	<b>TM</b> <input type="checkbox"/> Delete
NAME	<b>ZUMBRUN, PHOEBE V.</b>
STREET ADDRESS	<b>457 TALLWOOD #306</b>
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MACMORRIS, CLIFFORD</b>
STREET ADDRESS	<b>533 COCONUT AVENUE</b>
CITY-ST-ZIP	<b>GOODLAND FL 34140</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LANSDOWN, ROY</b>
STREET ADDRESS	<b>1370 AUBURNDALE AVE.</b>
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</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>BOWEN, LESTER</b>
STREET ADDRESS	<b>1901 KIRK TERRACE</b>
CITY-ST-ZIP	<b>MARCO ISLAND, FL 34145</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>POTTER, JAMES</b>
STREET ADDRESS	<b>MAPLE TREE DRIVE</b>
CITY-ST-ZIP	<b>NAPLES, FL 34114</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMPSON, MICHAEL</b>
STREET ADDRESS	<b>521 5TH AVENUE</b>
CITY-ST-ZIP	<b>MARCO ISLAND, FL 34145</b>
TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WATSON, CLAYTON W.</b>
STREET ADDRESS	<b>848 W. ELKCAM CIR. #312</b>
CITY-ST-ZIP	<b>MARCO ISLAND, FL 341456</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ **SIGNATURE REQUIRED**      4-15-2000 941-394-3469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)