2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760127

1. Entity Name

FLORIDA MORTICIANS' ASSOCIATION, INC.

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90330 008 ****61.25

Principal Place of Business	Mailing Address
551 W CAROLINE ST TALL FL 32301 US	551 W CAROLINA ST TALL FL 32301-1009 US

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2926726 ☐ 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
LAWRENCE, DARRELL 551 W CAROLINA ST TALL FL 32301	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	PD HALL, MILTON 1900 NW 54 ST MIAMI FL 33142	☐ Delete	CO Hall, Milton 1900 N.W 54 Street Miami FL 33142	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GRAHAM, MARION 900 FLORIDA AVE JAX FL 32206	☐ Delete	PD Graham MARION 900 Florida Avenue JAX FL 32206	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SABB, GEORGE 625 S HOLLAND PKWY BARTOW FL 33830	☐ Delete	VD Alexander C. Wynn III 520 Washington Street New Smyrna Beach FLA 32168	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GAINES, SAMUEL S. 317 N. 7TH ST. FT. PIERCE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LAWRENCE, DARRELL 551 W CAROLINA ST TALL FL 32301	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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 _____ 5/1/00 (850)224-2139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #