

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90215 044 ***150.00

DOCUMENT # F08289

1. Entity Name

CAESAR'S FUNERAL HOME, INC.

Principal Place of Business

Mailing Address

726 E. DR. L. KING. DR.
 PO BOX 85
 LAKE CITY FL 32056-7085

PO BOX 85
 726 E DR M L KING
 LAKE CITY FL 32056-0085
 US

0004839



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

59-1944839

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

CAESAR, ALYCE J
726 E. DR M.L.K. JR DR
LAKE CITY FL 32055

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY-1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **V**
GALLOWAY, RENTZ T
 STREET ADDRESS **RT 1 BOX 448**
 CITY-ST-ZIP **LAKE CITY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
JONES, ELLA MAE
 STREET ADDRESS **2316 LAKE DR**
 CITY-ST-ZIP **LAKE CITY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
CATER, BILLIE
 STREET ADDRESS **RT 8 BOX 472**
 CITY-ST-ZIP **LAKE CITY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
CEASAR, ALYCE J
 STREET ADDRESS **726 E. DR. M.L. KING JR. DR**
 CITY-ST-ZIP **LAKE CITY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SV**
ANDERS, RICHARD *Richard Anders*
 STREET ADDRESS **1072 W JEFFERSON ST**
 CITY-ST-ZIP **LAKE CITY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V**
ANDERS, RICHARD H *Richard Anders*
 STREET ADDRESS **1072 W. JEFFERSON ST**
 CITY-ST-ZIP **LAKE CITY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alyce J. Caesar*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALYCE J CAESAR

2-16-00 904 7525413
 Date Daytime Phone #

CR2E034 (9/99)