

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F08289

1. Entity Name
CAESAR'S FUNERAL HOME, INC.

Principal Place of Business
726 E. DR. L. KING. DR.
PO BOX 85
LAKE CITY FL 32056-7085

Mailing Address
PO BOX 85
726 E DR M L KING
LAKE CITY FL 32055
US

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 59-1944839

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 V
NAME GALLOWAY, RENTZ T
STREET ADDRESS RT 1 BOX 448
CITY-ST-ZIP LAKE CITY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME JONES, ELLA MAE
STREET ADDRESS 2318 LAKE DR
CITY-ST-ZIP LAKE CITY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90004 016 ***550.00

978335



DO NOT WRITE IN THIS SPACE

0109952 AT

CR2E034 (5/01)