

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90024 038 ***150.00

DOCUMENT # F67448

1. Entity Name

LAREAU, INC.

Principal Place of Business

146 DRAKE ROAD
ST AUGUSTINE BEACH FL 32086
US

Mailing Address

146 DRAKE ROAD
ST AUGUSTINE BEACH FL 32086
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 59-2157656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAREAU (ALAIN E.)
146 DRAKE ROAD
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

JOYCE LAREAU

Street Address (P.O. Box Number is Not Acceptable)

146 DRAKE ROAD

ST. AUGUSTINE, FL.

City

FL

Zip Code

32086

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

deceased - copy of death certificate enclosed

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, 2001 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

TITLE P ☐ Delete
NAME LAREAU, JOYCE
STREET ADDRESS 146 DRAKE RD
CITY-ST-ZIP ST AUGUSTINE FL

TITLE PD ☒ Delete
NAME LAREAU, ALAIN E.
STREET ADDRESS 146 DRAKE RD
CITY-ST-ZIP ST AUGUSTINE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904 797-4808

0004295

CR2E034 (10/00)

TYPE OR
PRINT IN
PERMANENT
BLACK INK

LOCAL FILE NO. 00-614

CERTIFIED COPY
528/19
CERTIFICATE OF DEATH
FLORIDA

Public Records of
St. Johns County, FL
Clerk# 00-027797
O.R. 1507 PG 1201
09:14AM 06/30/2000
REC \$5.00 SUR \$1.00
Lareau Male

DECEDENT

1. DECEDENT'S NAME		FIRST Alain		MIDDLE Emile		5a. AGE Last Birthday (years) 72		5b. UNDER 1 YEAR Months		5c. UNDER 1 Year Days		5d. UNDER 1 Year Hours		5e. UNDER 1 Year Minutes					
3. DATE OF DEATH (Month, Day, Year) June 10, 2000				4. SOCIAL SECURITY NUMBER 018-20-9837				6. DATE OF BIRTH (Month, Day, Year) July 19, 1927				7. BIRTHPLACE (City and State or Foreign Country) Canada				8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) Yes			
9a. PLACE OF DEATH (Check only one sub instruction on other side) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)												9b. INSIDE CITY LIMITS? (Yes or No) Yes							
9c. FACILITY NAME (If not institution, give street and number) Vencor Hospital North Florida								9d. CITY/TOWN OR LOCATION OF DEATH Green Cove Springs				9e. COUNTY OF DEATH Clay							
10a. DECEDENT'S USUAL OCCUPATION Proprietor				10b. KIND OF BUSINESS/INDUSTRY Restaurant				11. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) Married				12. SURVIVING SPOUSE (If wife, give maiden name) Joyce Santos							
13a. RESIDENCE - STATE Florida			13b. COUNTY Saint Johns			13c. CITY/TOWN OR LOCATION Saint Augustine			13d. STREET AND NUMBER 146 Drake Road										

PARENTS

13a. INSIDE CITY LIMITS? (Yes or No) No		13b. ZIP CODE 32086		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Puerto Rican, etc.) Specify: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				15. RACE - American Indian, Black, White, etc. Specify: White				16. DECEDENT'S EDUCATION (Specify only highest grade complete) Elementary/Secondary (11-12) 12 College (1-4 or 5)			
17. FATHER'S NAME (First, Middle, Last) Emile Lareau								18. MOTHER'S NAME (First, Middle, Maiden Surname) Alma Lamothe							

DISPOSITION

19a. INFORMANT'S NAME (Type or Print) Joyce Lareau				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 146 Drake Road, Saint Augustine, Florida 32086							
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Putnam Crematory				20c. LOCATION - City or Town, State Interlachen, Florida			

CERTIFIER

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 				21b. LICENSE NUMBER (of Licensee) 0003443				21c. NAME AND ADDRESS OF FACILITY Craig Funeral Home, Inc. P.O. Drawer 99, St. Augustine, FL 32085-0099			
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) 				22b. DATE SIGNED (Mo., Day, Yr.) 6/14/00				22c. HOUR OF DEATH 8:14 PM			
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Lawrence Coats MD				22e. MEDICAL EXAMINER'S CASE # -							

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Lawrence Coats MD 320 Riverside Ave. Ste 203 Jacksonville, FL 32202											
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25a. SUBREGISTRAR - SIGNATURE AND DATE 								25b. LOCAL REGISTRAR - SIGNATURE AND DATE 				25c. DATE REGISTERED JUNE 19, 2000			
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26. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

THIS SECTION NOT FILMED PER
F.S. 382.008 AND F.S. 382.025

CAUSE OF DEATH

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I 				27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No				27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) Yes				28. CASE REPORT TO MEDICAL EXAMINER? (Yes or No) Yes			
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? YES NO				30a. IF SURGERY IS MENTIONED IN PART I OR II ENTER CONDITION FOR WHICH IT WAS PERFORMED				30b. DATE OF SURGERY (Mo., Day, Yr.)							
31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined				32a. DATE OF INJURY (Month, Day, Year)		32b. TIME OF INJURY		32c. INJURY AT WORK? (Yes or No)		32d. DESCRIBE HOW INJURY OCCURRED					
32e. PLACE OF INJURY - At home, farm,				32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											