

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2002 8:00 am  
Secretary of State

04-10-2002 90731 001 \*\*\*122.50

0073863

DOCUMENT # N01000005918

1. Entity Name

FUNERAL & CEMETERY ALLIANCE, INC.

Principal Place of Business

Mailing Address

3319 MAGUIRE BLVD., STE. 155  
ORLANDO FL 32803

PO BOX 561008  
MIAMI FL 33256

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

651132916

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

MCVOY, ROSS A ESQ  
301 S. BRONOUGH ST., #200  
TALLAHASSEE FL 32301-1722

Name PHILLIP LLOYD COLEMAN

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

9013 SW 78 PL

City

Miami

FL

Zip Code

33156

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

4/4/02

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 P  
NAME ROMANACH, GABRIEL  
STREET ADDRESS PO BOX 141418  
CITY-ST-ZIP MIAMI FL 33314-1418

TITLE ST  
NAME COLEMAN, PHILLIP LLOYD  
STREET ADDRESS PO BOX 561008  
CITY-ST-ZIP MIAMI FL 33256-1008

TITLE D  
NAME STUART, RANDALL T  
STREET ADDRESS 70770 BONNEVAL RD., #450  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D  
NAME KLEIN, LES  
STREET ADDRESS 14200 NW 57TH AVE.  
CITY-ST-ZIP HIALEAH FL 33014

TITLE D  
NAME TUSS, RICK  
STREET ADDRESS 5200 US HWY. 19  
CITY-ST-ZIP NORTH PALMETTO FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME KEENAN KNOPIKE  
STREET ADDRESS 1201 S. ORLANDO BLVD  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02 305-245-4444

CR2E037 (9/01)