

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90227 028 \*\*\*\*61.25

**DOCUMENT # N98000002992**

1. Entity Name

**FUNERAL AND MEMORIAL SOCIETY OF PENSACOLA AND WE  
 ST FLORIDA, INC.**

Principal Place of Business

Mailing Address

4870 WOODCLIFF DRIVE  
 PENSACOLA FL 32504-9145

4870 WOODCLIFF DRIVE  
 PENSACOLA FL 32504-9145

2. Principal Place of Business

3. Mailing Address

5425 DYNASTY DR  
 Suite, Apt. #, etc.

5425 DYNASTY DR  
 Suite, Apt. #, etc.

City & State

City & State

PENSACOLA FL

PENSACOLA, FL

4. FEI Number

59-1858888

Applied For

Not Applicable

Zip

Country

Zip

Country

32504

ESCAMBIA

32504

ESCAMBIA

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

COMPTON, NEWMAN  
 4870 WOODCLIFF DRIVE  
 PENSACOLA FL 32504-9145

Name: DONALD Lupone  
 Street Address (P.O. Box Number is Not Acceptable): 5425 DYNASTY DR  
 PENSACOLA  
 City: FL Zip Code: 32504

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: DONALD Lupone, Treasurer Donald Lupone 21Feb02  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>COMPTON, NEWMAN<br>4870 WOODCLIFF DRIVE<br>PENSACOLA FL 32504-9145 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>CLEERE, MASON<br>281 MONROE RD<br>PENSACOLA FL 32503              | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>LUPONE, DONALD<br>5425 DYNASTY DR<br>PENSACOLA FL 32504            | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>WRIGHT, CLAIRE<br>7804 NORTH POINTE BLVD<br>PENSACOLA FL 32514     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>CLEERE, LILY<br>281 MONROE RD<br>PENSACOLA FL 32503                | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>FITZPATRICK, WILMA<br>3125 BAYVIEW WAY<br>PENSACOLA FL 32503       | <input type="checkbox"/> Delete            |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>DARRELL D. CHINN<br>309 MONAHAN DR<br>FT WALTON BEACH, FL 32547 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>JOHN JACKSON<br>4181 CAPRI DR<br>PENSACOLA, FL 32504           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: DONALD Lupone DONALD Lupone 21Feb02 (850)477-9085  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)