

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0008400

DOCUMENT # N98000002992

1. Entity Name

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



FILED

03 FEB 25 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

5425 DYNASTY DR
PENSACOLA FL 32504
US

Mailing Address

5425 DYNASTY DR
PENSACOLA FL 32504
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 **59-1858888**

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

LUPONE, DONALD
5425 DYNASTY DRIVE
PENSACOLA FL 32504

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **CHINN, DARRELL D**
CITY-ST-ZIP **309 MONAHAN DRIVE**
FORT WALTON BEACH FL 32547

TITLE ☐ Change ☐ Addition
NAME **300013091343**
STREET ADDRESS **02/25/03--01047--018 **\$61.25**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **JACKSON, JOHN**
CITY-ST-ZIP **4181 CAPRI DRIVE**
PENSACOLA FL 32504

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

TITLE ☐ Delete
NAME
STREET ADDRESS **LUPONE, DONALD**
CITY-ST-ZIP **5425 DYNASTY DR**
PENSACOLA FL 32504

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **WRIGHT, CLAIRE**
CITY-ST-ZIP **7804 NORTH POINTE BLVD**
PENSACOLA FL 32514

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

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **CLEERE, LILY**
CITY-ST-ZIP **261 MONROE RD**
PENSACOLA FL 32503

TITLE ☒ Change ☐ Addition
NAME **Trustee**
STREET ADDRESS **Albert T. Hunt**
CITY-ST-ZIP **7690 MARTHA'S WAY**
NAVARO, FL 32566

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **FITZPATRICK, WILMA**
CITY-ST-ZIP **3125 BAYVIEW WAY**
PENSACOLA FL 32503

TITLE ☐ Change ☐ Addition
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: Donald A. Lupone **REDUNDANT** **Lupone** 19 FEB 03 (850) 477-9085

CR2E037 (10/02)