

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90042 026 ***150.00

DOCUMENT # **P93000024637** ✓

1. Entity Name

A.C.Morrison Memorial Funeral Home

Principal Place of Business

Mailing Address

**3634 N.W. 2nd. Ave.
Miami, Fl. 33127****P.O.Box 1111
Miami, Fl 33137****00063603**

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

65-0403563

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Same as above

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	Albert C. Morrison, president, Treasurer	3634 N.W.2nd. Ave.	Miami, Fl. 33127	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Loma Salathiea Ashford	108 Watson Ave.	Arcadia, Fl. (Delete)
<input type="checkbox"/> Delete	Patricia S. Morrison V.P.	3634 N.W.2nd. Ave.	Miami, Fl. 33127	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Katherell R. Morrison	2501 N.W. 30th Terr.	Ft. Lauderdale, Fl. (Delete)
<input type="checkbox"/> Delete	Sect. Kimberly L. Morrison	3634 N.W.2nd. Ave.	Miami, Fl 33127	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	Director William Chennault	3634 N.W.2nd. Ave.	Miami, Fl. 33127	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	Gisla Chennault, Director	3634 N.W.2nd. Ave.	Miami, Fl 33127	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.C.Morrison**6/4/00**

Date

(305) 573-9100

Daytime Phone #

CR2E034 (9/99)