

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91186 040 ***150.00

C0070117

DO NOT WRITE IN THIS SPACE

DOCUMENT # 993006024637			
1. Entity Name A.C. MORRISON MEMORIAL FUNERAL HOME			
Principal Place of Business 3634 NW 2ND AVE MIAMI FL. 33027		Mailing Address P.O. Box 1111 MIAMI FL. 33137	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. # etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33127	Country MIA. DARE	Zip 33137	Country MIA. DARE
6. Name and Address of Current Registered Agent			
7. Name and Address of New Registered Agent			
Name: A.C. MORRISON			
Street Address (P.O. Box Number is Not Acceptable) 3634 NW 2ND AVE			
City MIAMI		Zip Code 33127	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>			
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!! After MAY 1, 2001 Make Check Payable to Department of State </div> <div> FEE IS \$150.00 Fee will be \$550.00 to Department of State </div> </div>			
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A.C. MORRISON <input type="checkbox"/> Delete 3634 NW 2ND AVE MIAMI FL. 33127		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRICIA MORRISON <input type="checkbox"/> Delete 3634 NW 2ND AVE MIAMI FL. 33127		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KIMBERLY MORRISON <input type="checkbox"/> Delete 1930 NW 19TH TERR MIAMI FLA 33156		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM C HERRAULT <input type="checkbox"/> Delete P.O. Box 1091 FT. LAUDERDALE FL 33022		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GILBA BUSH <input type="checkbox"/> Delete 4500 SW 28th MIAMI FL. 33023		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or 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: A.C. MORRISON 5-7-01 (307) 573-9100			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (11/00)