

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90083 050 ***150.00

FORM 1000 AT

DOCUMENT # P94000040440

1. Entity Name
FLORIDA CREMATION SOCIETY, INC.

Principal Place of Business

**5451 SE MARICAMP RD
 OCALA FL 34480**

Mailing Address

**P.O. BOX 2047
 DUNNELLON FL 34430**

80030842



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1005 SW 10th Street

Suite, Apt. #, etc.

Suite 103

City & State

Ocala, Florida

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **59-3259104**

Applied For

Not Applicable

Zip
34474

Country
Marion

Zip

Country

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

6. Name and Address of Current Registered Agent

**ROBERTS, KENNETH E
 5451 SE MARICAMP ROAD
 OCALA FL 34480**

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **ROBERTS, KENNETH E**
 STREET ADDRESS **8909 SW 190TH AVENUE ROAD**
 CITY-ST-ZIP **DUNNELLON FL 34432**

TITLE **D** ☐ Delete
 NAME **ROBERTS, PATRICIA C**
 STREET ADDRESS **8909 SW 190TH AVENUE ROAD**
 CITY-ST-ZIP **DUNNELLON FL 34432**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

Date

Daytime Phone #

Patricia Roberts **PATRICIA Roberts** 2-7-02 352-489-2429

CR2E034 (9/01)