

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90062 049 ***150.00

DOCUMENT # **P95000088514**

1. Entity Name
DUNDEE HAINES CITY FUNERAL HOME INC



DO NOT WRITE IN THIS SPACE

94043602

2. Principal Place of Business

202 MAIN ST

Suite, Apt. #, etc.

3. Mailing Address

5086 VARTY RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DUNDEE FL

City & State

WINTER HAVEN FL

4. FEI Number

59 3378477

Applied For

Not Applicable

Zip

33838

Country

FLK

Zip

33884

Country

FLK

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HERBERT L ROGERS

Street Address (P.O. Box Number is Not Acceptable)

5086 VARTY RD

City

WINTER HAVEN, FL

State

Zip Code

33884

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERBERT L. ROGERS 202 MAIN ST DUNDEE, FL 33838	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T MARIBESS ROGERS 202 MAIN ST DUNDEE, FL 33838	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE **Herbert L. Rogers** **HERBERT L. ROGERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04

Date

863-324-6048

Daytime Phone #

CR2E034B (12/02)