

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048550

1. Entity Name

GILLIAM, BROWN & SHANNON FUNERAL HOME, INC.

Principal Place of Business

925 S. VERONA AVENUE
AVON PARK FL 33825
US

Mailing Address

925 S. VERONA AVENUE
AVON PARK FL 33825-4151
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

65-0753018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F
129 SOUTH COMMERCE AVENUE
SEBRING FL 33870

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS GILLIAM, R. L
CITY-ST-ZIP 662 LEMON STREET
SEBRING FL 33870

TITLE ☐ Delete
NAME D
STREET ADDRESS BROWN, THOMAS J
CITY-ST-ZIP 1407 SELPH AVENUE
SEBRING FL 33870

TITLE ☐ Delete
NAME D
STREET ADDRESS SHANNON, ROBERT
CITY-ST-ZIP 1406 LUCAS DRIVE
SEBRING FL 33870

TITLE ☐ Delete
NAME D
STREET ADDRESS KNIGHT, THEDOLEY
CITY-ST-ZIP 1315 GARWOOD AVENUE
SEBRING FL 33870

TITLE ☐ Delete
NAME
STREET ADDRESS
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
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

MARCH 10, 2000

Date

863-463-6775

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CS 3014 (3/98)