

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90227 042 ***150.00

DOCUMENT # P99000000831

1. Entity Name

VERO BEACH FUNERAL HOME, INC.

Principal Place of Business

**1065 S.W. 34TH AVENUE
 VERO BEACH FL 32968**

Mailing Address

**1065 S.W. 34TH AVENUE
 VERO BEACH FL 32968**

2. Principal Place of Business
1655 27th Street

Suite, Apt. #, etc.
3

3. Mailing Address
Same

Suite, Apt. #, etc.
3

City & State
Vero Beach

City & State
Vero Beach

Zip
32960

Country
Indian River

Zip
32960

Country
Indian River

4. FEI Number **65-0885450**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**JACKSON, ROBERT
 2165 15TH AVENUE
 VERO BEACH FL 32968**

7. Name and Address of New Registered Agent

Name
Thomas S. Lowther

Street Address (P.O. Box Number is Not Acceptable)
1655 27th Street Unit 3

Vero Beach, Florida

City
Vero Beach

Zip Code
32960

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 Thomas S. Lowther President

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent's signature required when reinstating)

4/16/01

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, 2001 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 NAME STREET ADDRESS CITY-STATE-ZIP	D LOWTHER, THOMAS S 1065 S.W. 34TH AVENUE VERO BEACH FL 32968	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LOWTHER, BEVERLY H 1065 S.W. 34TH AVENUE VERO BEACH FL 32968	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-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 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

4/18/01

561-778-3233

Daytime Phone

CR2E034 (10/00)