

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032460

1. Entity Name

HAUGHT FUNERAL HOME, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90179 050 \*\*\*150.00

Principal Place of Business

1111 NORTH JOHNSON STREET  
PLANT CITY FL 33566

Mailing Address

1111 NORTH JOHNSON STREET  
PLANT CITY FL 33566-2519

2. Principal Place of Business

708 W.

Dr. Martin Luther King, Jr. Blvd.  
Suite, Apt. #, etc.

3. Mailing Address

708 W. Martin Luther King, Jr. Blvd.  
Suite, Apt. #, etc.

City & State

Plant City, FL 33566

City & State

Plant City, FL 33566

4. FEI Number

59-3572527

Applied For

Not Applicable

Zip

33566

Country

Zip

33566

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAUGHT, TIMOTHY J  
1111 NORTH JOHNSON STREET  
PLANT CITY FL 33566

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
D  
HAUGHT, TIMOTHY J  
STREET ADDRESS  
1111 NORTH JOHNSON STREET  
CITY-ST-ZIP  
PLANT CITY FL 33566

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Timothy J. Haught, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-717-9300

CR2E034 (9/99)