

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102254

1. Entity Name

MILLER FUNERAL HOME, INC.

Principal Place of Business

Mailing Address

500 PALM BEACH ST.  
TALLAHASSEE FL 32310

510 PALM BEACH ST.  
TALLAHASSEE FL 32310

2. Principal Place of Business

209-8th Street  
Suite, Apt. #, etc.

3. Mailing Address

510 Palm Beach St.  
Suite, Apt. #, etc.

City & State

Apalachicola, FLA  
32320 Frankl'n Leon

City & State

Tallahassee, FLA  
32310

6. Name and Address of Current Registered Agent

FITZGERALD, BRIAN E  
903 1/2 N. MONROE ST.  
TALLAHASSEE FL 32303

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	ISAAC MILLER JR	
STREET ADDRESS	510 Palm Beach ST.	
CITY-ST-ZIP	Tallahassee, FLA 32310	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	SAVANNAH J. TYLER	
STREET ADDRESS	153 Russell DR.	
CITY-ST-ZIP	Crawfordville, FLA 32327	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Blanche C. Miller	
STREET ADDRESS	510 Palm Beach ST.	
CITY-ST-ZIP	Tallahassee, FLA 32310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Isaac Miller Jr / Isaac M. Miller Jr. 5-1-2000 (488-7502)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90122 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent