

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102254

1. Entity Name  
**MILLER FUNERAL HOME, INC.**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90125 002 \*\*\*150.00

Principal Place of Business

510 PALM BEACH ST.  
TALLAHASSEE FL 32310

Mailing Address

510 PALM BEACH ST.  
TALLAHASSEE FL 32310

00047249



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

209 8th ST.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 218  
Suite, Apt. #, etc.

City & State

Apalachicola, FLA

City & State

Apalachicola, FLA

4. FEI Number

59-3622765

Applied For

Not Applicable

Zip

32320

Country

U.S.A.

Zip

32320

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: ISAAC Miller  
Street Address (P.O. Box Number is Not Acceptable): 510 Palm Beach ST.  
City: Tallahassee FL Zip Code: 32310

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

Isaac Miller, ISAAC Miller P. 1 May 2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, ISAAC 510 PALM BCH STREET TALLAHASSEE FL 32310	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TYLER, SAVANNAH 153 RUSSELL DR. CRAWFORDVILLE FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, BLANCHE 510 PALM BCH STREET TALLAHASSEE FL 32310	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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:

Isaac Miller, ISAAC Miller

Date

1 May 2001 850 6533535

Daytime Phone #

CR2E034 (10/00)