



DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery & Consumer Services
 200 East Gaines Street
 Tallahassee, FL 32399- 0361

Business Entity – List of Principals

This form is used to identify principals of an applicant, as required by s. 497.141(12)(d), Florida Statutes.

Section 1. APPLICANT INFORMATION
Name of applicant: <i>(the license, if issued, will be issued in this name)</i>
Type of applicant (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Limited liability company (LLC) <input type="checkbox"/> Partnership
Section 2. IDENTIFICATION OF PRINCIPALS
Identify below all persons involved in the entity making the application, meeting any of the following descriptions in regard to the applicant: officers, managers, managing members, partners, general partners, limited partners, managing partners, directors, all stockholders controlling more than 10 percent of the voting stock, and all other persons who can exercise control over the applicant. PLEASE PROVIDE SOCIAL SECURITY NUMBERS FOR EACH PRINCIPAL ON LAST PAGE.
(1) Name : _____ Date of Birth (mm/dd/yy) _____ This person is a (check all applicable): <input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Managing member of partnership <input type="checkbox"/> Partner <input type="checkbox"/> General partner <input type="checkbox"/> Limited partner <input type="checkbox"/> Managing partner <input type="checkbox"/> Director <input type="checkbox"/> Stockholder controlling more than 10 percent of the voting stock <input type="checkbox"/> A person who can exercise control over the applicant. Specific functional title , if any (e.g., CEO, General Counsel, CFO, etc):
(2) Name : _____ Date of Birth (mm/dd/yy) _____ This person is a (check all applicable): <input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Managing member of partnership <input type="checkbox"/> Partner <input type="checkbox"/> General partner <input type="checkbox"/> Limited partner <input type="checkbox"/> Managing partner <input type="checkbox"/> Director <input type="checkbox"/> Stockholder controlling more than 10 percent of the voting stock <input type="checkbox"/> A person who can exercise control over the applicant. Specific functional title , if any (e.g., CEO, General Counsel, CFO, etc):
(3) Name : _____ Date of Birth (mm/dd/yy) _____ This person is a (check all applicable): <input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Managing member of partnership <input type="checkbox"/> Partner <input type="checkbox"/> General partner <input type="checkbox"/> Limited partner <input type="checkbox"/> Managing partner <input type="checkbox"/> Director <input type="checkbox"/> Stockholder controlling more than 10 percent of the voting stock <input type="checkbox"/> A person who can exercise control over the applicant. Specific functional title , if any (e.g., CEO, General Counsel, CFO, etc):
(4) Name : _____ Date of Birth (mm/dd/yy) _____ This person is a (check all applicable): <input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Managing member of partnership

<input type="checkbox"/> Partner <input type="checkbox"/> General partner <input type="checkbox"/> Limited partner <input type="checkbox"/> Managing partner <input type="checkbox"/> Director <input type="checkbox"/> Stockholder controlling more than 10 percent of the voting stock <input type="checkbox"/> A person who can exercise control over the applicant. Specific functional title , if any (e.g., CEO, General Counsel, CFO, etc):
(5) Name : _____ Date of Birth (<i>mm/dd/yy</i>) _____ This person is a (check all applicable) : <input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Managing member of partnership <input type="checkbox"/> Partner <input type="checkbox"/> General partner <input type="checkbox"/> Limited partner <input type="checkbox"/> Managing partner <input type="checkbox"/> Director <input type="checkbox"/> Stockholder controlling more than 10 percent of the voting stock <input type="checkbox"/> A person who can exercise control over the applicant. Specific functional title , if any (e.g., CEO, General Counsel, CFO, etc):
(6) Name : _____ Date of Birth (<i>mm/dd/yy</i>) _____ This person is a (check all applicable) : <input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Managing member of partnership <input type="checkbox"/> Partner <input type="checkbox"/> General partner <input type="checkbox"/> Limited partner <input type="checkbox"/> Managing partner <input type="checkbox"/> Director <input type="checkbox"/> Stockholder controlling more than 10 percent of the voting stock <input type="checkbox"/> A person who can exercise control over the applicant. Specific functional title , if any (e.g., CEO, General Counsel, CFO, etc):
(7) Name : _____ Date of Birth (<i>mm/dd/yy</i>) _____ This person is a (check all applicable) : <input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Managing member of partnership <input type="checkbox"/> Partner <input type="checkbox"/> General partner <input type="checkbox"/> Limited partner <input type="checkbox"/> Managing partner <input type="checkbox"/> Director <input type="checkbox"/> Stockholder controlling more than 10 percent of the voting stock <input type="checkbox"/> A person who can exercise control over the applicant. Specific functional title , if any (e.g., CEO, General Counsel, CFO, etc):
(8) Name : _____ Date of Birth (<i>mm/dd/yy</i>) _____ This person is a (check all applicable) : <input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Managing member of partnership <input type="checkbox"/> Partner <input type="checkbox"/> General partner <input type="checkbox"/> Limited partner <input type="checkbox"/> Managing partner <input type="checkbox"/> Director <input type="checkbox"/> Stockholder controlling more than 10 percent of the voting stock <input type="checkbox"/> A person who can exercise control over the applicant. Specific functional title , if any (e.g., CEO, General Counsel, CFO, etc):
Continue on additional pages if needed.
Section 3. SIGNATURE OF APPLICANT REPRESENTATIVE
This form must be signed by the same person who signed the main application.
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; margin-top: 10px;"></div> <div style="width: 45%; border-top: 1px solid black; margin-top: 10px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature of Applicant representative Date Signed </div>

Applicant's Social Security No. or FEIN: _____

(If applicant is an individual person, enter SSN; otherwise enter FEIN.)

Social Security No. of Principal #1 _____

Social Security No. of Principal #2 _____

Social Security No. of Principal #3 _____

Social Security No. of Principal #4 _____

Social Security No. of Principal #5 _____

Social Security No. of Principal #6 _____

Social Security No. of Principal #7 _____

Social Security No. of Principal #8 _____

Continuation of additional principals' Social Security Nos., if needed: