

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G89187

1. Entity Name

BROWN, EDWARDS AND TOALE FUNERAL DIRECTORS, INCO

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90122 034 ***150.00

Principal Place of Business % WILLIAM H. GARLAND 537 10TH ST., WEST BRADENTON, FL 34205-7719	Mailing Address % WILLIAM H. GARLAND 537 10TH ST., WEST BRADENTON FL 34205-7719
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business % DAVID V. TOALE Suite, Apt. #, etc. 40 N. ORANGE AVE City & State SARASOTA FL Zip 34236 Country USA	3. Mailing Address % DAVID V. TOALE Suite, Apt. #, etc. 40 N. ORANGE AVE City & State SARASOTA FL Zip 34236 Country USA
--	--

4. FEI Number 59-2387942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GARLAND, WILLIAM H. 537 10TH ST. WEST BRADENTON FL 33505	7. Name and Address of New Registered Agent Name DAVID V. TOALE Street Address (P.O. Box Number is Not Acceptable) 40 N. ORANGE AVE City SARASOTA FL Zip Code 34236
---	---

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 DAVID V. TOALE David V. Toale 04-24-00
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$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	PD BROWN, CHARLES M. 5624-26TH ST. WEST BRADENTON FL <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	SDT TOALE, DAVID V. 40 N. ORANGE AVE. SARASOTA FL <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	D TOALE, CURTIS H. 40 N. ORANGE AVE SARASOTA FL <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	D TOALE, ROBERT V. 40 N. ORANGE AVE SARASOTA FL <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
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: DAVID V. TOALE April 24, 2000 941-955-4171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #