

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2000 90122 034 \*\*\*150.00

**DOCUMENT # G89187**

1. Entity Name

**BROWN, EDWARDS AND TOALE FUNERAL DIRECTORS, INCO**

Principal Place of Business

Mailing Address

% ~~WILLIAM H. GARLAND~~  
 537 10TH ST., WEST  
 BRADENTON, FL 34205-7719

% ~~WILLIAM H. GARLAND~~  
 537 10TH ST., WEST  
 BRADENTON FL 34205-7719



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

% **DAVID V. TOALE**

% **DAVID V. TOALE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**40 N. ORANGE AVE**

**40 N. ORANGE AVE**

City & State

City & State

**SARASOTA FL**

**SARASOTA FL**

4. FEI Number **59-2387942**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34236**

**USA**

**34236**

**USA**

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

**GARLAND, WILLIAM H.**  
**537 10TH ST. WEST**  
**BRADENTON FL 33505**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*David V. Toale*

**04-24-00**

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 **PD**  Delete  
 NAME **BROWN, CHARLES M.**  
 STREET ADDRESS **5624-26TH ST. WEST**  
 CITY-ST-ZIP **BRADENTON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SDT**  Delete  
 NAME **TOALE, DAVID V.**  
 STREET ADDRESS **40 N. ORANGE AVE.**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **TOALE, CURTIS H.**  
 STREET ADDRESS **40 N. ORANGE AVE**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **TOALE, ROBERT V.**  
 STREET ADDRESS **40 N. ORANGE AVE**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*David V. Toale*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 24, 2000**

Date

**941-955-4171**

Daytime Phone #