## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 20, 2001 8:00 am **DOCUMENT # G89187** Secretary of State 1. Entity Name BROWN, EDWARDS AND TOALE FUNERAL DIRECTORS, INCO 03-20-2001 90065 007 \*\*\*150.00 Principal Place of Business Mailing Address % DAVID V TOALE % DAVID V TOALE 40 N ORANGE AVE 40 N ORANGE AVE 00020595 SARASOTA FL 34236 SARASOTA FL 34236 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2387942 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. Name TOALE, DAVID V Street Address (P.O. Box Number is Not Acceptable) 40 N ORANGE AVE SARASOTA FL 34236 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition Delete TITLE TITLE BROWN, CHARLES M. NAME NAME STREET ADDRESS STREET ADDRESS 5624-26TH ST. WEST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** ☐ Addition Change ☐ Delete TITLE TITLE TOALE, DAVID V. NAME STREET ADDRESS STREET ADDRESS 40 N. ORANGE AVE. CITY-ST-ZIP CITY-ST-7IP SARASOTA FL ☐ Change ☐ Addition TITLE TITLE Delete TOALE, CURTIS H. NAME NAME STREET ADDRESS 40 N.-ORANGE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Change Addition ☐ Delete TITLE TOALE, ROBERT V. NAME NAME STREET ADDRESS STREET ADDRESS 40 N. ORANGE AVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Marce 14, 201 941-955-4171 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

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.