

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # 118063**1. Entity Name
BROWNLIE FUNERAL HOME, INC.**Principal Place of Business**1010 E. PALMETTO AVE
P.O. BOX 157
MELBOURNE
32901

FL

Mailing Address1010 E. PALMETTO AVE
P.O. BOX 157
MELBOURNE
32901

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-1077207**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGREGORY S. MAXWELL
1010 EAST PALMETTO AVENUE

MELBOURNE

FL

US

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

03/27/2001

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 VD ☐ Delete
NAME BROWNLIE, V. CONGER
STREET ADDRESS 1010 E. PALMETTO AVE
CITY-ST-ZIP MELBOURNE FLTITLE VD ☒ Change ☐ Addition
NAME BROWNLIE, V. CONGER
STREET ADDRESS 1010 E. PALMETTO AVE
CITY-ST-ZIP MELBOURNE FL 32901TITLE STD ☐ Delete
NAME BROWNLIE, MICHAEL C
STREET ADDRESS 1010 E. PALMETTO AVE
CITY-ST-ZIP MELBOURNE FLTITLE STD ☒ Change ☐ Addition
NAME BROWNLIE, MICHAEL C
STREET ADDRESS 1010 E. PALMETTO AVE
CITY-ST-ZIP MELBOURNE FL 32901TITLE VD ☐ Delete
NAME MAXWELL, GREG S
STREET ADDRESS 1010 E. PALMETTO AVE
CITY-ST-ZIP MELBOURNE FLTITLE VD ☒ Change ☐ Addition
NAME MAXWELL, GREG S
STREET ADDRESS 1010 E. PALMETTO AVE
CITY-ST-ZIP MELBOURNE FL 32901TITLE PD ☐ Delete
NAME MAXWELL, BERT S.
STREET ADDRESS 1010 E. PALMETTO AVE
CITY-ST-ZIP MELBOURNE FLTITLE PD ☒ Change ☐ Addition
NAME MAXWELL, BERT S.
STREET ADDRESS 1010 E. PALMETTO AVE
CITY-ST-ZIP MELBOURNE FL 32901TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Bert S. Maxwell

PD

03/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)