

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 317162**

1. Entity Name

FUNERAL SERVICES, INC.**FILED**
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90943 045 ***150.00

Principal Place of Business

**200 THOMASVILLE RD.
TALLAHASSEE FL 32303**

Mailing Address

**P.O. BOX 13407
TALLAHASSEE FL 32317-3407**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1205307

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**IRWIN, HARRIET C
1200 THOMASVILLE RD.
TALLAHASSEE FL 32303**

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)

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	TOALE, DAVID V.	
STREET ADDRESS	40 N. ORANGE AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VCOB	<input type="checkbox"/> Delete
NAME	QUATTLEBAUM, G. EARL	
STREET ADDRESS	1201 S. OLIVE AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	COBD	<input type="checkbox"/> Delete
NAME	BEGGS, ASHLEY P.	
STREET ADDRESS	301 N. ORANGE STREET	
CITY-ST-ZIP	MADISON FL	
TITLE	VCIO	<input type="checkbox"/> Delete
NAME	SKINNER, J. ROBIN	
STREET ADDRESS	1200 THOMASVILLE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANFILL, STEVE L.	
STREET ADDRESS	10545 S. DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	IRWIN, HARRIET	
STREET ADDRESS	1200 THOMASVILLE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sigmar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-26-00**
Date**850-425-1340**
Daytime Phone #

#317162
847977

PROFIT
CORPORATION
ANNUAL REPORT
YEAR: 2000

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DOCUMENT # 31762

1. Corporation Name:
Funeral Services, Inc.

Title	COB/D	<input type="checkbox"/> DELETE	Title	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	BEGGS, ASHLEY P.		Name			
St. Address	301 N. Orange Street		St. Address			
City-St-Zip	Madison, FL 32340		City-St-Zip			
Title	D	<input type="checkbox"/> DELETE	Title		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	STANFILL, STEVE L.		Name			
St. Address	10545 South Dixie Highway		St. Address			
City-St-Zip	Miami, FL 33156		City-St-Zip			
Title	AVP/S	<input type="checkbox"/> DELETE	Title		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	WHITFIELD, MEIKO H.		Name			
St. Address	1200 Thomasville Road		St. Address			
City-St-Zip	Tallahassee, FL 32303		City-St-Zip			
Title	D	<input type="checkbox"/> DELETE	Title		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	BLACK, JOANNE H.		Name			
St. Address	103 Broadway		St. Address			
City-St-Zip	Daytona Beach, FL 32018		City-St-Zip			
Title	D	<input type="checkbox"/> DELETE	Title		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	FARLEY, DAVID P.		Name			
St. Address	265 South Nokomis Avenue		St. Address			
City-St-Zip	Venice, FL 34285		City-St-Zip			
Title	D	<input type="checkbox"/> DELETE	Title		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name	RALPH, JUDITH C.		Name			
St. Address	7001 Northwest 4th St.		St. Address			
City-St-Zip	Plantation, FL 33317		City-St-Zip			

Harriet C. Irwin
Harriet C. Irwin, Registered Agent

Date: 4-26-00

(850) 425-1340

317162
847977

PROFIT
CORPORATION
ANNUAL REPORT
YEAR: 2000

DOCUMENT # 31762

1. Corporation Name:
Funeral Services, Inc.

2. Principal Place of Business:

**1200 Thomasville Road
Tallahassee, FL 32303**

2a. Mailing Address:

**P.O. Box 32317
Tallahassee, FL 32317**

3. Date Incorporated or Qualified:

5/23/67

4. FEI Number:

59-1205307

9. Name and Address of Current Registered Agent:

**Irwin, Harriet C.
1200 Thomasville Road
Tallahassee, FL 32303**

12. OFFICERS AND DIRECTORS:

13. ADDITIONS/CHANGES & DIRECTORS IN 12

Title D
Name ROBERSON, KENNETH L.
St. Address 2151 Tamiami Trail
City-St-Zip Port Charlotte, FL 33592

☐ DELETE

Title
Name
St. Address
City-St-Zip

☐ Change ☐ Addition

Title VP/CIO
Name SKINNER, J. ROBIN
St. Address 1200 Thomasville Road
City-St-Zip Tallahassee, FL 32303

☒ DELETE

Title
Name
St. Address
City-St-Zip

☐ Change ☐ Addition

Title P
Name IRWIN, HARRIET
St. Address 1200 Thomasville Road
City-St-Zip Tallahassee, FL 32303

☐ DELETE

Title P/D/T
Name
St. Address
City-St-Zip

☒ Change ☐ Addition

Title D
Name BROWN, CHARLES M.
St. Address 5624 26th Street W.
City-St-Zip Bradenton, FL 34207

☐ DELETE

Title
Name
St. Address
City-St-Zip

☐ Change ☐ Addition

Title D
Name TOALE, DAVID V.
St. Address 40 N. Orange Avenue
City-St-Zip Sarasota, FL 34236

☐ DELETE

Title
Name
St. Address
City-St-Zip

CBOD/D

☒ Change ☐ Addition

Title VCOB/D
Name QUATTLEBAUM, EARL
St. Address 1201 S. Olive Avenue
City-St-Zip West Palm Beach, FL

☐ DELETE

Title
Name
St. Address
City-St-Zip

☐ Change ☐ Addition


Harriet C. Irwin, Registered Agent

Date: 4-26-00

(850) 425-1340