

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90943 045 ***150.00

DOCUMENT # 317162

1. Entity Name

FUNERAL SERVICES, INC.

| | |
|--|--|
| Principal Place of Business 200 THOMASVILLE RD. TALLAHASSEE FL 32303 | Mailing Address P.O. BOX 13407 TALLAHASSEE FL 32317-3407 |
|--|--|

041011



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|------------------------------------|--|
| 4. FEI Number 59-1205307 | 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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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"/> Change <input type="checkbox"/> Addition |
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| 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"/> 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: Harriet Irwin
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

PAGE 2

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