

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90012 022 ***150.00

DOCUMENT # 317162

1. Entity Name
FUNERAL SERVICES, INC.

Principal Place of Business Mailing Address
1200 THOMASVILLE RD. **P.O. BOX 13407**
TALLAHASSEE FL 32303 **TALLAHASSEE FL 32317**

80047013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1205307** Applied For
 Not Applicable

Zip Country Zip Country 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

IRWIN, HARRIET C
1200 THOMASVILLE RD.
TALLAHASSEE FL 32303

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.

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

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 checked="" 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	

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

See attached for all changes, additions, deletions

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

4-9-01 850-425-1340
 Date Daytime Phone #

CR2E034 (10/00)

Attachment

Doc. # 317162
A0047679

PROFIT CORPORATION
ANNUAL REPORT
YEAR: 2001

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DOCUMENT # 317162

1. Corporation Name:
FUNERAL SERVICES, INC.

2. Principal Place of Business: FUNERAL SERVICES, INC.
1200 Thomasville Road
Tallahassee, FL 32303

2a. Mailing Address: P.O. Box 13407
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:

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

DELETE

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

DELETE

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

DELETE

Title COBD
Name BEGGS, ASHLEY P.
St. Address 301 N. Orange Street
City-St-Zip Madison, FL 32340

DELETE

Title D
Name Black, Joanne H.
St. Address 103 Broadway
City-St-Zip Daytona Beach, FL 32018

DELETE

13. ADDITIONS/CHANGES & DIRECTORS IN 12

Title CBOD/D Change Addition
Name
St. Address
City-St-Zip

Title Change Addition
Name
St. Address
City-St-Zip

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

Title D Change Addition
Name
St. Address
City-St-Zip

Title Change Addition
Name
St. Address
City-St-Zip


Harriet C. Irwin, Registered Agent

Date: 4-9-01

(850) 425-1340

Attachment

Doc. # 317162
A047699

PROFIT CORPORATION
ANNUAL REPORT
YEAR: 2001

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DOCUMENT # 317162

1. Corporation Name:
FUNERAL SERVICES, INC.

Title	D	<input type="checkbox"/>	DELETE	Title	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
Name	Brown, Charles M.			Name				
St. Address	5624 26th Street W.			St. Address				
City-St-Zip	Bradenton, FL 34207			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				

Title	D	<input type="checkbox"/>	DELETE	Title	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
Name	Roberson, Kenneth L.			Name				
St. Address	2151 Tamiami Trail			St. Address				
City-St-Zip	Port Charlotte, FL 33592			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	VP	<input type="checkbox"/>	DELETE	Title	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
Name	Williams, Jr., William H.			Name				
St. Address	1200 Thomasville Road			St. Address				
City-St-Zip	Tallahassee, FL 32303			City-St-Zip				

Title	VCIO	<input checked="" type="checkbox"/>	DELETE	Title	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
Name	Skinner, J. Robin			Name				
St. Address	1200 Thomasville Road			St. Address				
City-St-Zip	Tallahassee, FL 32303			City-St-Zip				

Harriet C. Irwin

Harriet C. Irwin, Registered Agent

Date: 4-9-01

(850) 425-1340