

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2000 90943 048 \*\*\*150.00

**DOCUMENT # 437895**

1. Entity Name

**TRUSTED FUNERAL PLANS, INC.**

Principal Place of Business

Mailing Address

1200 THOMASVILLE RD.  
 TALLAHASSEE FL 32303

P.O. BOX 13407  
 TALLAHASSEE FL 32317-3407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3525582**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TOALE, DAVID V.</b>
STREET ADDRESS	<b>40 N. ORANGE AVENUE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>IRWIN, HARRIET</b>
STREET ADDRESS	<b>1200 THOMASVILLE RD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CREEDY, ALAN</b>
STREET ADDRESS	<b>1300 ST MARY'S STREET STE 300</b>
CITY-ST-ZIP	<b>RALEIGH NC 27605</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>WHITFIELD, MEIKO H</b>
STREET ADDRESS	<b>1200 THOMASVILLE RD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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	
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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Harriet C. Irwin* 4-26-00 (850) 425-1340

Date

Daytime Phone #

CR2E034 (9/99)