

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-23-2001 90036 002 ****61.25

DOCUMENT # 725691

1. Entity Name

FUNERAL CONSUMERS ALLIANCE OF SARASOTA-MANATEE,

Principal Place of Business

1923 HIBISCUS STREET (34239)
 BOX 15833
 SARASOTA FL 34277

Mailing Address

1923 HIBISCUS STREET (34239)
 BOX 15833
 SARASOTA FL 34277

35329



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2428 Goldenrod St.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 15833
 Suite, Apt. #, etc.

City & State

Sarasota, Fl.

City & State

Sarasota, Fl.

4. FEI Number

23-7205156

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, NANCIE I
 1923 HIBISCUS STREET
 SARASOTA FL 34239

See new address →

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 2428 Goldenrod Street

City Sarasota, Fl

FL

Zip Code 34239

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GODLESKI, STANLEY	
STREET ADDRESS	6300 MIDNIGHT PARSS RD #1010	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CROWE, LEALON SR.	
STREET ADDRESS	3136 GULF GATE DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, HUGH	
STREET ADDRESS	7440 MARIANA DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	DS	<input type="checkbox"/> Delete
NAME	EDWARDS, NANCIE I	
STREET ADDRESS	1923 HIBISCUS STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARMON, ALEXANDER	
STREET ADDRESS	2076 TIMUCUA TRAIL	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEEO, THEODORE	
STREET ADDRESS	1174 SORRENTO WOODS BLVD	
CITY-ST-ZIP	NOKOMIS FL 34275	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boris Pundick	
STREET ADDRESS	33 S. Gulfstream Ave # 706	
CITY-ST-ZIP	Sarasota, Fl. 34236	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Berman, Richard	
STREET ADDRESS	5405 Palm Aire Drive	
CITY-ST-ZIP	Sarasota, Fl. 34243	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2428 Goldenrod Street	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

3/19/01 (941) 484-0359
 Date Daytime Phone #

CR2E037 (10/00)