

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90056 002 ****61.25

DOCUMENT # 725691

1. Entity Name

FUNERAL CONSUMERS ALLIANCE OF SARASOTA-MANATEE, INC.

Principal Place of Business

Mailing Address

2428 GOLDENROD STREET
 SARASOTA FL 34277

PO BOX 15833
 SARASOTA FL 34277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

EDWARDS, NANCIE I
 2428 GOLDENROD STREET
 SARASOTA FL 34239

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **GODLESKI, STANLEY**
 STREET ADDRESS **6300 MIDNIGHT PARSS RD #1010**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PUNDICK, BORIS**
 STREET ADDRESS **33 SOUTH GULFSTREAM AVENUE #706**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BERMAN, RICHARD**
 STREET ADDRESS **5045 PALM AIRE DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **D** Change Addition
 NAME **EDWARD "NED" GARST**
 STREET ADDRESS **480 58TH STREET**
 CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE **DS** Delete
 NAME **EDWARDS, NANCIE I**
 STREET ADDRESS **2428 GOLDENROD STREET**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **HARMON, ALEXANDER**
 STREET ADDRESS **2076 TIMUCUA TRAIL**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **LEEO, THEODORE**
 STREET ADDRESS **1174 SORRENTO WOODS BLVD**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE Change 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:

Alexander Harmon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexander Harmon 2/15/02 941 484-0358
 Date Daytime Phone #

CR2E037 (9/01)