

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G89188

1. Entity Name

THE ELLENTON FUNERAL HOME, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90122 035 ***150.00

Principal Place of Business

% WILLIAM H. GARLAND
537 10TH ST. WEST
BRADENTON FL 34205-7719

Mailing Address

% WILLIAM H. GARLAND
537 10TH ST. WEST
BRADENTON FL 34205-7719

2. Principal Place of Business

% DAVID V. TOALE

3. Mailing Address

% DAVID V. TOALE

Suite, Apt. #, etc.

40 N. ORANGE AVE

Suite, Apt. #, etc.

40 N. ORANGE AVE

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

59-2387939

Applied For

Not Applicable

Zip

34236

USA

Zip

34236

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARLAND, WILLIAM H.
537 10TH ST., WEST
BRADENTON FL 33505

7. Name and Address of New Registered Agent

Name DAVID V. TOALE

Street Address (P.O. Box Number is Not Acceptable)
40 N. ORANGE AVE

City SARASOTA

FL

Zip Code 34236

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 DAVID V. TOALE

(NOTE: Registered Agent signature required when reinstating)

04-24-00

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

TITLE PD
NAME BROWN, CHARLES M.
STREET ADDRESS 5624 26TH ST. WEST
CITY-ST-ZIP BRADENTON FL

☐ Delete

TITLE DST
NAME TOALE, DAVID V.
STREET ADDRESS 40 N. ORANGE AVE
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE D
NAME TOALE, CURTIS
STREET ADDRESS 40 N. ORANGE AVENUE
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE D
NAME TOALE, ROBERT V.
STREET ADDRESS 40 N. ORANGE AVE.
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2000 941-955-4171

Date

Daytime Phone #