

# 2002 UNIFORM BUSINESS REPORT (UBR)

001369 AV

DOCUMENT # 013509

1. Entity Name

LAKEVIEW CEMETERY INCORPORATED

FILED

02 JUN -5 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1428 BELLEVUE AVE.  
DAYTONA BEACH FL 32114-3939

Mailing Address

1428 BELLEVUE AVE.  
DAYTONA BEACH FL 32114-3939

2. Principal Place of Business

3. Mailing Address & Holland & Knight LLP

Attn: George B. Howell, III

Suite, Apt. #, etc.

400 N. Ashley Dr., Suite 2300

City & State

Tampa, FL

LLP

4. FEI Number

59-0902328

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

TIMMER, PATRICIA  
4037 N. MONROE  
TALLAHASSEE FL 32303

Name James T. Stephens c/o Holland & Knight, LLP

Attn: George B. Howell, III

Street Address (P.O. Box Number is Not Acceptable)  
400 N. Ashley Drive, Suite 2300

City Tampa

FL

Zip Code  
33602

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

James T. Stephens Receiver James T. Stephens 5/25/02

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, 2002 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TIMMER, WILLARD I  
1428 BELLEVUE AVE  
DAYTONA BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600005753766--8  
-06/11/02--01077--021  
\*\*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
TIMMER, MARILYN  
1428 BELLEVUE AVE  
DAYTONA BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Receiver  
James T. Stephens  
c/o Holland & Knight LLP  
Attn: George B. Howell, III

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400 North Ashley Drive  
Suite 2300  
Tampa, FL 33602

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

James T. Stephens Receiver 4/30/02 904-7539040

Date

Daytime Phone #

CR2E034 (9/01)