

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 177488

1. Entity Name
Tallahassee Memory Gardens, Inc.

FILED

02 OCT 10 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4037 N. Monroe St

3. Mailing Address

ATTN: George Howell III

Suite, Apt. #, etc.

400 N. Ashley Dr. Suite 2300

City & State

Tallahassee, FL

City & State

Tampa FL

Zip

32303

Country

Leon

Zip

33602

Country

Hillsborough

4. FEI Number

59-0729434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

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

Street Address (P.O. Box Number is Not Applicable)
400 N. Ashley Dr. Suite 2300

City

Tampa, FL

FL

Zip Code

33602

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-28-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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	NAME	STREET ADDRESS	CITY-ST-ZIP
<i>D</i>	<i>Timmer, Willard I</i>	<i>1428 Bellevue Ave</i>	<i>Daytona Beach FL</i>
<i>P/D</i>	<i>Dixon, Patricia T.</i>	<i>4037 N. Monroe St</i>	<i>Tallahassee FL 32303</i>
<i>D</i>	<i>Timmer, Marilyn J.</i>	<i>1428 Bellevue Ave</i>	<i>Daytona Beach, FL</i>
<i>ADD RECE</i>	<i>James T. Stephens</i>	<i>c/o Holland & Knight LLP</i>	<i>ATTN: George Howell III (c/o Howell)</i>
		<i>400 NASHLEY DRIVE</i>	<i>Suite 2300</i>
		<i>TAMPA, FL</i>	<i>33602</i>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James T. Stephens Receiver 8-28-02 904-753-9070

CR2E034B (12/01)