

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90064 002 ***150.00

DOCUMENT # 285892
1. Entity Name
FOUNTAINHEAD MEMORIAL PARK, INC.

Principal Place of Business
7303 BABCOCK ST SE
PALM BAY FL 32909

Mailing Address
1929 ALLEN PKWU
DEPT 2934
HOUSTON TX 77019
US

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
59-1088279

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

THE PRENTIC EHALL CORP SYSTEM
1291 HAY ST
STE 105
TALLAHASSEE FL 32301

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

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **BRANDENBURG, JOSEPH A**
STREET ADDRESS **1929 ALLEN PKWY**
CITY-ST-ZIP **HOUSTON TX 77019**

TITLE **P** ☒ Change ☐ Addition
NAME **Michael Useltow**
STREET ADDRESS **1929 ALLEN PARKWAY**
CITY-ST-ZIP **HOUSTON TX 77019**

TITLE **VP** ☐ Delete
NAME **TIMOTHY J. CLAIBORNE**
STREET ADDRESS **1929 ALLEN PKWY, 9TH FLOOR**
CITY-ST-ZIP **HOUSTON TX**

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

TITLE **D** ☐ Delete
NAME **MARSHALL, JUDITH M**
STREET ADDRESS **1929 ALLEN PKWY**
CITY-ST-ZIP **HOUSTON TX 77019**

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

TITLE **T** ☐ Delete
NAME **LORING, HARRIS E III**
STREET ADDRESS **1929 ALLEN PKWY, 9TH FLOOR**
CITY-ST-ZIP **HOUSTON TX 77019**

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

TITLE **V** ☐ Delete
NAME **GIPSON, RAY A**
STREET ADDRESS **1929 ALLWN PKWY**
CITY-ST-ZIP **HOUSTON TX 77019**

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 supplement to 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

HARRIS E LORING III TREASURER

1/14/02

Date

713-525-5141

Daytime Phone #

CR2E034 (9/01)