

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90045 019 ***150.00

DOCUMENT # 329423

1. Entity Name

LAKEVIEW-MEMORIAL GARDENS, INC.

Principal Place of Business

Mailing Address

**3003 SOUTH MEMORIAL DR
 AVON PARK FL 33825
 US**

**1929 ALLEN PKWY
 DEPT 2934
 HOUSTON TX 77019-2507
 US**

00091824



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1260257

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**THE PRENTICE HALL CORP SYSTEM
 1201 HAYS ST
 STE 105
 TALLAHASSEE FL 32301**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BRANDENBURG, JOSEPH A | |
| STREET ADDRESS | 1929 ALLEN PARKWAY | |
| CITY-ST-ZIP | HOUSTON TX 77019 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | TIMOTHY J. CLAIBORNE | |
| STREET ADDRESS | 1929 ALLEN PKWY, 9TH FLOOR | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SUZANNE DINEFF | |
| STREET ADDRESS | 1929 ALLEN PKWY., 9TH FLOOR | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | LOHMAN, JOHN H JR | |
| STREET ADDRESS | 1929 ALLEN PKWY | |
| CITY-ST-ZIP | HOUSTON TX 77019 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | CONKLIN, KENNETH | |
| STREET ADDRESS | DPT 2934 9TH FL 1929 ALLEN PKWY | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LISA M. NEWBURN | |
| STREET ADDRESS | 1929 ALLEN PKWY., 9TH FLOOR | |
| CITY-ST-ZIP | HOUSTON TX | |

| | | |
|----------------|-------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KULP, TODD C | |
| STREET ADDRESS | 1929 ALLEN PKWY | |
| CITY-ST-ZIP | HOUSTON TX 77019 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIPSON, RAY A | |
| STREET ADDRESS | 1929 ALLEN PKWY. | |
| CITY-ST-ZIP | HOUSTON, TX 77019 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

C. TODD KULP

4/27/00 713/522-5141

Date

Daytime Phone #

CR2E034 (9/99)