2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 459137 May 16, 2000 8:00 am **Secretary of State** VENICE MEMORIAL GARDENS, INC. 05-16-2000 90174 043 ***150.00 Mailing Address Principal Place of Business 1950 CENTER RD 1950 CENTER RD VENICE FL 34292-3811 VENICE FL 34292 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1604973 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ISPHORDING, ROGER Street Address (P.O. Box Number is Not Acceptable) 333 S. TAMIAMI TRAIL SUITE 199 VENICE FL 34285 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Addition ☐ Change ☐ Delete TITLE TITLE FARLEY, DAVID NAME NAME 720 CADIZ ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP VENICE FL CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete JOANNE FARLEY NAME NAME 720 CADIZ RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TIT) F WILLIAMS, JOHN NAME NAME 5900 SOUTH BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PORT FL 34287 CITY-ST-ZIP Delete Addition TITLE TITLE TOALE, DAVID NAME NAME 1430 S. ORANGE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI.E TITLE NAME NAME STREET ADDRESS 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

SIGNATURE:

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.

4/24/00 971/497-4246