

2002 UNIFORM BUSINESS REPORT (UBR)

065437 SP

DOCUMENT # **F34347**

1. Entity Name
AMERICAN BURIAL AND CREMATION COMPANY

FILED

02 JUN -5 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2966 BELCHER ROAD NORTH
PALM HARBOR FL 34683
US**

Mailing Address

**2966 BELCHER ROAD NORTH
PALM HARBOR FL 34683
US**

2. Principal Place of Business

3. Mailing Address % **Holland & Knight, LLP**

Attn: George B. Howell, III

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400 N. Ashley Dr., Suite 2300

City & State

City & State

Tampa, FL

4. FEI Number

59-1711719

Applied For

Not Applicable

Zip

Country

Zip

Country

33602

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TIMMER, MARILYN

**2966 BELCHER ROAD NORTH
PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

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 Dr., 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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

James T. Stephens 5/25/02

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WALSH, MARILYN JEAN	
STREET ADDRESS	458 VILLAGE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WALSH, MICHEAL P	
STREET ADDRESS	458 VILLAGE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300005754593--8	
STREET ADDRESS	-06/11/02--01118--002	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Receiver	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James T. Stephens	
STREET ADDRESS	c/o Holland & Knight LLP	
CITY-ST-ZIP	Attn: George B. Howell, III	
TITLE	400 North Ashley Drive	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Suite 2300	
STREET ADDRESS	Tampa, FL 33602	
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		

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

Date

Daytime Phone #

James T. Stephens Receiver 4/30/02 904-753-9040

CR2E034 (9/01)