

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90050 009 ***158.75

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DOCUMENT # F75939

1. Entity Name
SEA PINES MEMORIAL GARDENS, INC.

Principal Place of Business

**3001 S. US HWY. #1
 P.O. BOX 236
 EDGEWATER FL 32141
 US**

Mailing Address

**3001 S. US HWY. #1
 P.O. BOX 236
 EDGEWATER FL 32132**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2378379**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**JOHNSON, WALTER C.
 406 S. ORANGE ST.
 NEW SMYRNA BCH. FL 32069**

7. Name and Address of New Registered Agent

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

Walter C. Johnson
 Signature, typed or printed name of registered agent and title if applicable.

WALTER C. JOHNSON
 (NOTE: Registered Agent signature required when reinstating)

DATE

3-4-02

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	JOHNSON, WALTER C.	
STREET ADDRESS	406 S. ORANGE ST.	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PARSLEY, JAMES	
STREET ADDRESS	827 SAWGRASS LANE	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HUMPHREY, MARTHA	
STREET ADDRESS	412 TIMBERLANE DR.	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUMPHREY, JAMES D SR	
STREET ADDRESS	412 S. TIMBERLINE DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
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		
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
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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:

Martina Humphrey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA HUMPHREY 3-4-02 326-428-8519
 Date Daytime Phone #

CR2E034 (9/01)