


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91051 027 ***158.75

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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Walter C. Johnson* (NOTE: Registered Agent signature required when reinstating) DATE **4-4-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. 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	

11. 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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martina Humphrey* DATE: **4-4-03** DAYTIME PHONE #: **386-428-8519**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)