

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90028 033 ***558.75

DOCUMENT # F92797

1. Entity Name

BELLEVUE MEMORY GARDENS, INC.

Principal Place of Business

**C/O MARILYN TIMMER
 1428 BELLEVUE AVE.
 DAYTONA BEACH FL 32114-3939
 US**

Mailing Address

**C/O MARILYN TIMMER
 1428 BELLEVUE AVE.
 DAYTONA BEACH FL 32114-3939
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2288286

Applied For

Not Applicable

Zip

Country

Zip

Country

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
 1425 BELLEVUE AVE.
 DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

Name **CHRISTINE S. THOMPSON**

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

1425 Bellevue Ave.

City

Daytona Beach,

FL

Zip Code
32114

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

CHRISTINE S. THOMPSON

Christine S. Thompson 9-6-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **TIMMER, WILLARD I**
 CITY-ST-ZIP **1425 BELLEVUE AVE**
DAYTONA BCH FL

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **TIMMER, MARILYN F**
 CITY-ST-ZIP **1425 BELLEVUE AVE**
DAYTONA BCH FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **Receiver**
 STREET ADDRESS **James T. Stephens,**
 CITY-ST-ZIP **1425 Bellevue Ave.**
Daytona Beach, Fl 32114

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

James T. Stephens James T. Stephens

9-6-01

386-253-2534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)