


0011368 AV

1. Entity Name
BELLEVUE MEMORY GARDENS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		02 JUN 2002 11:57 AM SECRETARY OF STATE TALLAHASSEE, FLORIDA  DO NOT WRITE IN THIS SPACE	
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 59-2288286	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		33602	Hillsborough		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMPSON, CHRISTINE S 1425 BELLEVUE AVE. DAYTONA BEACH FL 32114			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 Drive, Suite 2300		
			City Tampa State 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 <u><i>James T. Stephens, Receiver</i></u> DATE <u>5/25/02</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TIMMER, WILLARD I 1425 BELLEVUE AVE DAYTONA BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TIMMER, MARILYN F 1425 BELLEVUE AVE DAYTONA BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400005753734--8 -06/11/02--01077--016 *****150.00 *****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R STEPHENS, JAMES T 1425 BELLEVUE AVENUE DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Receiver James T. Stephens c/o Holland & Knight, LLP Attn: George B. Howell, III	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 400 North Ashley Drive Suite 2300 Tampa, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 J. Stephen Received 4/30/02 904-753-9040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davima Phone #

CR2E034 (9/01)