2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2003 8:00 am Secretary of State F92797 DOCUMENT # 04-28-2003 91479 034 ***150.00 1. Entity Name BELLEVUE MEMORY GARDENS, INC. Principal Place of Business Mailing Address C/O MARILYN TIMMER ATTN: GEORGE B. HOWELL, III 1428 BELLEVUE AVE. 400 N. ASHLEY DRIVE, STE 2300 DAYTONA BEACH FL 32114-3939 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2288286 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLAND & KNIGHT, LLP Street Address (P.O. Box Number is Not Acceptable) ATTN: GEORGE B. HOWELL, III 400 N. ASHLEY DRIVE, STE 2300 **TAMPA FL 33602** City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Change Delete TITLE TIMMER, WILLARD I NAME NAME 1425 BELLEVUE AVE STREET ADDRESS STREET ADDRESS DAYTONA BCH FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition SD TITLE TIMMER, MARILYN F NAME NAME 1425 BELLEVUE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH FL ____ Change ... Addition Delete STEPHENS, JAMES T NAME STREET ADDRESS STREET ADDRESS 1425 BELLEVUE AVENUE DAYTONA BEACH FL 32114 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE STEPHENS, JAMES T NAME 400 N. ASHLEY DRIVE, STE 2300 STREET ADDRESS STREET ADDRESS **TAMPA FL 33602** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete

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,

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-7IP

FILED