

# 2002 UNIFORM BUSINESS REPORT (UBR)

0011367 AV

DOCUMENT # H01327

1. Entity Name

BELLEVUE - CEDAR HILL MEMORY GARDENS FUNERAL HOME, INC.

FILED

02 JUN -5 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O MARILYN TIMMER  
1425 BELLEVUE AVENUE  
DAYTONA BEACH FL 32114-3938  
US

Mailing Address  
C/O MARILYN TIMMER  
1425 BELLEVUE AVENUE  
DAYTONA BEACH FL 32114-3938  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address % Holland & Knight, LLP  
Attn: George B. Howell, III  
Suite, Apt. #, etc.  
400 N. Ashley Dr., Suite 2300  
City & State  
Tampa, FL  
Zip Country  
33602 Hillsborough

4. FEI Number 59-2504001  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
THOMPSON, CHRISTINE S  
1425 BELLEVUE AVE.  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent  
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 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 *James T. Stephens Receiver James Stephens* 5/25/02  
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. ☐

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 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	D Timmer, Marilyn J. 1425 BELLEVUE AVE. DAYTONA BCH. FL	<input type="checkbox"/> Delete
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Receiver James T. Stephens c/o Holland & Knight, LLP Attn: George B. Howell, III	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400 North Ashley Drive Suite 2300 Tampa, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 T. Stephens Receiver* 4/30/02 904-753-9040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)