

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H01327

1. Entity Name

BELLEVUE - CEDAR HILL MEMORY GARDENS FUNERAL HOME, INC.



FILED
04 APR 14 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

ATTN: GEORGE B. HOWELL, III
400 N. ASHLEY DRIVE, STE 2300
TAMPA, FL 33602

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

100 North Tampa St.

Suite 4100

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33602

04142004

Chg-P

CR2E034 (10/03)

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

HOLLAND & KNIGHT LLP
ATTN: GEORGE B. HOWELL, III
400 N. ASHLEY DRIVE, STE 2300
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

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

100 North TAMPA ST
Suite 4100

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME TIMMER, WILLARD I.
STREET ADDRESS 1425 BELLEVUE AVE.
CITY-ST-ZIP DAYTONA BCH., FL

TITLE D ☐ Delete
NAME TIMMER, MARILYN J.
STREET ADDRESS 1425 BELLEVUE AVE.
CITY-ST-ZIP DAYTONA BCH., FL

TITLE R ☐ Delete
NAME STEPHENS, JAMES T
STREET ADDRESS 1425 BELLEVUE AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE RECE ☐ Delete
NAME STEPHENS, JAMES T
STREET ADDRESS 400 N. ASHLEY DRIVE, STE 2300
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400033449484
CITY-ST-ZIP 04/21/04--01060--011 **150.00

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

tr