

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H35658**

1. Entity Name  
**MCCULLOUGH FUNERAL HOMES, INC.**

Principal Place of Business  
**2966 BELCHER ROAD NORTH  
PALM HARBOR FL 34698  
US**

Mailing Address  
**2966 BELCHER ROAD NORTH  
PALM HARBOR FL 34683  
US**

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

**59-2476353**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33602**

**Hillsborough**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TIMMER, MARILYN  
2966 BELCHER ROAD NORTH  
PALM HARBOR FL 34683**

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 Dr., 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 T. Stephens 5/25/02**  
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WALSH, MARILYN JEAN 458 VILLAGE DRIVE TARPON SPRINGS FL 34689</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST WALSH, MICHAEL P 458 VILLAGE DRIVE TARPON SPRINGS FL 34689</b>	<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
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
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 checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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	<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 any 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 #

FILED  
02 JUN -5 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)