

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H 76578

1. Entity Name

ABBAY FUNERAL Home, Inc.

FILED

02-OCT-10 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4037 N. MONROE ST

3. Mailing Address

ATTN: George Howell III

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400 N. Ashley Dr. Ste 2300

DO NOT WRITE IN THIS SPACE

City & State

City & State

TALLAHASSEE FL

TAMPA, FL

4. FEI Number

59-2870777

Applied For

Not Applicable

Zip

County

Zip

County

32303 Leon

33602 Hillsborough

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name JAMES T. STEPHENS c/o Holland & Knight LLP  
Street Address (P.O. Box Number is Not Acceptable) 400 N. ASHLEY DR. SUITE 2300

City Tampa FL

FL

Zip Code 33602

DO NOT WRITE  
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-28-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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 D  
NAME Timmer, WILLARD  
STREET ADDRESS 121 Horseshoe Trail  
CITY - ST - ZIP Orlando Beach, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP 500008602265  
10/25/02--01121--009 \*\*\$50.00

TITLE D  
NAME Marilyn J. Timmer  
STREET ADDRESS 121 Horseshoe Trail  
CITY - ST - ZIP Orlando Beach, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE P/D  
NAME DIXON, Patricia T.  
STREET ADDRESS 4037 N. MONROE ST  
CITY - ST - ZIP Tallahassee, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DO NOT WRITE  
IN THIS SPACE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ADD Receiver  
NAME James T. Stephens  
STREET ADDRESS c/o Holland & Knight LLP  
CITY - ST - ZIP Attn: George Howell, III  
NAME 400 N. Ashley Drive  
STREET ADDRESS Suite 2300  
CITY - ST - ZIP Tampa, FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James T. Stephens Receiver

Date

Daytime Phone #

8-28-02 904-753-9040

CR2E034B (12/01)