

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H80269

1. Entity Name

ABBEY-PARKLAWN MEMORY GARDENS FUNERAL HOME, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90004 018 \*\*\*158.75

Principal Place of Business

Mailing Address

% WILLARD I. TIMMER  
121 HORSESHOE TRAIL  
ORMOND BEACH FL 32174

% WILLARD I. TIMMER  
121 HORSESHOE TRAIL  
ORMOND BEACH FL 32174-8227



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3011596**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
121 HORSE SHOE TRAIL  
ORMOND BCH. FL 32174

Name

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

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.

SIGNATURE

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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

| 11. OFFICERS AND DIRECTORS |                                                                  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |      |
|----------------------------|------------------------------------------------------------------|-------------------------------------------------------|------|
| TITLE                      | NAME                                                             | TITLE                                                 | NAME |
|                            | P<br>TIMMER, WILLARD I.<br>121 HORSESHOE TRAIL<br>ORMOND BCH. FL |                                                       |      |
|                            | ST<br>TIMMER, MARILYN<br>121 HORSESHOE TRAIL<br>ORMOND BCH. FL   |                                                       |      |
|                            |                                                                  |                                                       |      |
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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: MARILYN TIMMER 3-21-2000 904-253-2534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)