

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # H80269**1. Entity Name
ABBEY-PARKLAWN MEMORY GARDENS FUNERAL HOME, INC.Principal Place of Business
% WILLARD I. TIMMER
121 HORSESHOE TRAIL
ORMOND BEACH FL 32174Mailing Address
% WILLARD I. TIMMER
121 HORSESHOE TRAIL
ORMOND BEACH FL 321742. Principal Place of Business
2966 BELCHER ROAD NORTH3. Mailing Address
2966 BELCHER ROAD NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM HARBOR FLCity & State
PALM HARBOR FL4. FEI Number
59-3011596Applied For
Not ApplicableZip
34683Country
USZip
34683Country
US5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIMMER MARILYN
121 HORSE SHOE TRAIL

ORMOND BCH. FL
32174 US

7. Name and Address of New Registered Agent

Name
TIMMER MARILYN
Street Address (P.O. Box Number is Not Acceptable)
2966 BELCHER ROAD NORTH

City
PALM HARBOR FL Zip Code
34683

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 _____ 03/29/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	TIMMER, MARILYN	
STREET ADDRESS	121 HORSESHOE TRAIL	
CITY-ST-ZIP	ORMOND BCH. FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	TIMMER, WILLARD I.	
STREET ADDRESS	121 HORSESHOE TRAIL	
CITY-ST-ZIP	ORMOND BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALSH, MICHAEL P		
STREET ADDRESS	458 VILLAGE DRIVE		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		
TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALSH, MARILYN JEAN		
STREET ADDRESS	458 VILLAGE DRIVE		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN JEAN WALSH

P

03/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)