

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H80269**

1. Entity Name
ABBEY-PARKLAWN MEMORY GARDENS FUNERAL HOME, INC.

FILED

02 JUN -5 PH 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2966 BELCHER ROAD NORTH
PALM HARBOR FL 34683
US**

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address % **Holland & Knight, LLP**
Attn: George B. Howell, III
Suite, Apt. #, etc.
400 N. Ashley Dr., Suite 2300
City & State
Tampa, FL
Zip Country
33602 Hillsborough

4. FEI Number **59-3011596** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TIMMER, MARILYN
2966 BELCHER ROAD NORTH
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent
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 Drive, Suite 2300
City **Tampa** State **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 Stephens* DATE **5/25/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800005753738--5 -06/11/02--01077--017 ***150.00 <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Receiver James T. Stephens c/o Holland & Knight, LLP Attn: George B. Howell, III
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 400 North Ashley Drive Suite 2300 Tampa, FL 33602
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 all other like empowered.

SIGNATURE: *James T. Stephens, Receiver* DATE **4/30/02** DAYTIME PHONE # **904-753-9040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)