

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H80269**

1. Entity Name

ABBEY-PARKLAWN MEMORY GARDENS FUNERAL HOME, INC.

Principal Place of Business

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

Mailing Address

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

FILED

02 JUN -5 PH 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Zip

Country

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, MARLYN

**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

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 5/25/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Receiver	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	James T. Stephens	
CITY-ST-ZIP	c/o Holland & Knight, LLP	
TITLE NAME	Attn: George B. Howell, III	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	400 North Ashley Drive	
CITY-ST-ZIP	Suite 2300	
TITLE NAME	Tampa, FL 33602	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James T. Stephens, Receiver 4/30/02 904-753-9040

CR2E034 (9/01)