

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90615 005 ****50.00

DOCUMENT # L02000030609

1. Entity Name

FOUNTAINHEAD MEMORIAL PARK, LLC



Principal Place of Business

**1929 ALLEN PARKWAY
HOUSTON TX 77019**

Mailing Address

**P.O. BOX 130548
HOUSTON TX 77219-0548**

2. Principal Place of Business

1929 ALLEN PARKWAY

3. Mailing Address

PO Box 130548

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOUSTON TX

City & State

HOUSTON TX

Zip

77019

Country

US

Zip

77219

Country

US

4. FEI Number

59-1088279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete
NAME **MICHAEL USELTON**
STREET ADDRESS **1929 ALLEN PARKWAY**
CITY-ST-ZIP **HOUSTON TX 77019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V.P.** ☐ Delete
NAME **CURTIS G. BRIGGS**
STREET ADDRESS **1929 ALLEN PARKWAY**
CITY-ST-ZIP **HOUSTON TX 77019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Delete
NAME **JUDITH M MARSHALL**
STREET ADDRESS **1929 ALLEN PARKWAY**
CITY-ST-ZIP **HOUSTON TX 77019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☐ Delete
NAME **HARRIS E LORING III**
STREET ADDRESS **1929 ALLEN PARKWAY**
CITY-ST-ZIP **HOUSTON TX 77019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MANAGER** ☐ Delete
NAME **SUSAN L GARRETT**
STREET ADDRESS **1929 ALLEN PARKWAY**
CITY-ST-ZIP **HOUSTON TX 77019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MANAGER** ☐ Delete
NAME **MICHAEL USELTON**
STREET ADDRESS **1929 ALLEN PARKWAY**
CITY-ST-ZIP **HOUSTON TX 77019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

HARRIS E LORING III 4/1/03

713-522-5141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

0074653