

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000031514

1. Entity Name

MEMORIAL FAMILY PROPERTIES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 27 PM 1:30

12/31

Principal Place of Business

10205 LAKE CARROLL WAY
TAMPA FL 33618-4405

Mailing Address

10205 LAKE CARROLL WAY
TAMPA FL 33618-4405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



09/12/03 90063 018 \$50.00

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

42-1606701

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSH, BRIAN P ESQ
WOODLIEF & RUSH, P.A.
3411-B WEST FLETCHER AVENUE
TAMPA FL 33618-2813

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME FUCARINO, DANIEL D
STREET ADDRESS 10205 LAKE CARROLL WAY
CITY-ST-ZIP TAMPA FL 33618-4405

TITLE MGR ☐ Delete
NAME BOBO, ABRAHAM ELI
STREET ADDRESS 449 MARMORA AVENUE
CITY-ST-ZIP TAMPA FL 33606

TITLE MGR ☐ Delete
NAME WILLIAMSON, TIM
STREET ADDRESS 15504 FENTRESS COURT
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/7/03

813 874-0795

TIM WILLIAMSON