

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP -4 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000003767	
1. Entity Name FRIENDS OF THE GARDEN TOMB, USA, INC.	

Principal Place of Business 7380 SAND LAKE RD, STE 100 ORLANDO, FL 32819	Mailing Address 7380 SAND LAKE RD, STE 100 ORLANDO, FL 32819
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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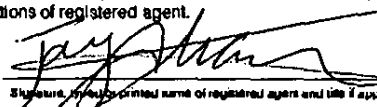
City & State	City & State	4. FEI Number	Applied For ☐ Not Applicable
Zip	Country	Zip	Country



☒ CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent STRACK, JAY DR. 7380 SAND LAKE RD, STE 100 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

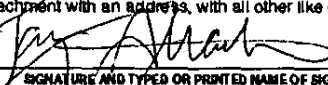
SIGNATURE  DATE 9/2/03

Signature of authorized agent or registered agent and date if applicable. (NOTE: Registered Agent signature required when changing.)

FILE NOW: FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STRACK, JAY DR. 7380 SAND LAKE RD, STE 100 ORLANDO, FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Ferguson 11615 Angus Road, Suite 203 Austin, TX 78759 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, STAN 300 VILLAGE GREEN CIR, STE 200 SMYRNA, GA 30080 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100022738931 09/04/03--01005--002 **61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, CLAUDE DR. 3100 N. INDUSTRIAL EULESS, TX 76039 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 9/2/03 407-248-0320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

9/9/4