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

DOCUMENT # N97000001816

1. Entity Name

JACLYN PAIGE COURNOYER MEMORIAL, INC.

FILED
03 APR 30 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1721 LAURIE LANE	1721 LAURIE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BELLEAIR, FL	City & State: BELLEAIR, FL
Zip: 33756 Country: US	Zip: 33756 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3438739 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DEVORAH S. COURNOYER

Street Address (P.O. Box Number is Not Acceptable):

1721 LAURIE LANE

City: BELLEAIR FL Zip Code: 33756

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: Deborah Cournoyer 4/30/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	(D) DEVORAH S. COURNOYER 1721 LAURIE LANE BELLEAIR, FL 33756
	(D)GREGG GAGLIARDI 1651 SANTA BARBARA DRIVE DUNEDIN, FL 34698
	(D) JOEL S. TREUHAFT 3894 TAMPA ROAD, SUITE A OLDSMAR, FL 34677
	02-03 TS

700020427977
06/03/03--01086--002 **122.00

CR2E037B (12/02)

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah Cournoyer 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Per conversation client not receive notice in 2002