

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038374

1. Entity Name
WARD-MCDONALD MEMORIAL CO., INC.

Principal Place of Business
1474 HWY. 83 NORTH
DEFUNIAK SPRINGS FL 32433

Mailing Address
P.O. BOX 661
DEFUNIAK SPRINGS FL 32435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3528351

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONALD, INGRAM K
1474 HWY. 83 NORTH
DEFUNIAK SPRINGS FL 32433

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MCDONALD, INGRAM K
STREET ADDRESS 5101 CO. HWY 280 E
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32435

TITLE D ☐ Delete
NAME MCDONALD, AUBREY K
STREET ADDRESS 1117 CAMPBELL ROAD
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32435

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

8/20/02

Date

Daytime Phone #

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90053 001 ***150.00

976450



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment

Dr. # PG 8000038374

976452

Ward-McDonald Memorial Company, Inc.

P.O. Box 661

1474 Highway 83 North

DeFuniak Springs, Florida 32435

August 20, 2002

Divisions of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir:

Enclosed is a check for \$ 150.00, due to the fact that this is the first billing we have received. If you have any questions, please give me a call at (850) 892-3332.

Sincerely yours,



Ingram K. McDonald
President
Ward-McDonald Memorial
Company, Inc.

enc
wrw