

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91772 031 \*\*\*150.00

DOCUMENT # **P98 90003874**

1. Entity Name

**Ward-McDonald Memorial Co., Inc.**



**DO NOT WRITE IN THIS SPACE**

**11040861**

2. Principal Place of Business

**1474 Highway 83 N.**

3. Mailing Address

**P.O. Box 661**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DeFuniak Spgs., FL**

**DeFuniak Spgs., FL**

City & State

City & State

4. FEI Number

**59-3528351**

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

**32433**

Country

**Walton**

**32435**

Country

**Walton**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

*Kyle McDonald*

**4-30-03**

Signature, type or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Kyle McDonald  
5101 Co. Hwy. 280E.  
DeFuniak Spgs., FL 32435**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Keston McDonald  
1117 Campbell Road  
DeFuniak Spgs., FL 32435**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with or without like empowered.

SIGNATURE:

*Kyle McDonald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-03**

Date

Daytime Phone #

CR2E034B (12/02)