

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082162

1. Entity Name

LINCOLN MEMORIAL GARDENS, INC.



Principal Place of Business

434 NW MARTIN LUTHER KING JR AVENUE  
OCALA FL 34475

Mailing Address

1913 NORTH W. 13TH PLACE  
OCALA FL 34475

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 59-3521337

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

CUNNINGHAM, ALBERT LEE SR.  
1913 N.W. 13TH PLACE  
OCALA FL 34475

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CUNNINGHAM, ALBERT LEE SR.  
1913 N.W. 13TH PLACE  
OCALA FL 34475 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CUNNINGHAM, ALGERNON  
1913 N.W. 13TH PLACE  
OCALA FL 34475 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
10/14/03--01069--017 \*\$130.00 ☐ Addition

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☐ 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 607, 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:

*Albert Lee Cunningham Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03 (352-351-1262)  
Date Daytime Phone #

FILED

03 OCT 14 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

☐ CHECK HERE IF MAKING CHANGES

0141287 AT

CR2E034 (4/03)

Friday, October 10<sup>th</sup>, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To whom it may concern:

I have not received any information from your department before yesterday Thursday, October 9<sup>th</sup>, 2003 when I received an application for reinstatement for Lincoln Memorial Gardens.

I contacted your department today and I was informed that I should send the application immediately with a check for \$150.00 being that I did not receive any prior information and that that would be the fee for this company (Lincoln Memorial Gardens).

Thank You,

Lincoln Memorial Gardens  
1913 NW 13<sup>th</sup> Place  
Ocala, FL 34475  
352-351-1262