

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

pg. 1 of 2

DOCUMENT #

1. Entity Name

799000035883

00 SEP 21 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

AMERICAN MEMORIAL TREES, INC  
POB 60959 PALM BAY, FL  
32906

2. Principal Place of Business

511 N SEMORAN

3. Mailing Address

POB 60959

Suite, Apt. #, etc. BLVD

Suite, Apt. #, etc.

PALM BAY

City & State ORLANDO FL

City & State FL

Zip 32807

Country

32906

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3596137

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

MIKE COHEN  
511 N SEMORAN BLVD  
ORLANDO FL 32807 218X

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.

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, 2000 Min. 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 PRES  
NAME GERALD REDDEN ☐ Delete  
STREET ADDRESS 2630 SANDY RIDGE LANE  
CITY-ST-ZIP GAITHERSBURG, MD

TITLE V-P  
NAME RITA ANDERSON ☐ Delete  
STREET ADDRESS P.O. BOX 60959 PALM BAY  
CITY-ST-ZIP FL 32906

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 600003417466--8  
STREET ADDRESS -10/06/00--01115--003  
CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 another like empowered.

SIGNATURE:

Rita Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

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SEPT 19, 2000

SECTY OF STATE  
DIV OF CORPS  
POB 6327 TALL FL 32314

ATT: MS KECKEL

THANK YOU FOR THE FORM 201. AS WE EXPLAINED, WE DID NOT RECEIVE THIS FORM AT ANY OF OUR ADDRESSES AND TRIED TO GET ONE ON THE INTERNET AS WELL AS FROM THE DEPT OF STATE ON ROBINSON STREET IN ORLANDO, WITHOUT SUCCESS.

WE ENCLOSE OUR CHECK FOR \$150 AS INSTRUCTED.

SINCERELY,



RITA ANDERSON, VP  
AMERICAN MEMORIAL TREES, INC  
POB 60959  
PALM BAY, FL 32906