

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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**DOCUMENT #** 799000035883  
 1. Entity Name

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 511 N SEMORAN POB 60959  
 Suite, Apt. #, etc. BLVD Suite, Apt. #, etc. PALM BAY  
 City & State ORLANDO FL City & State FL  
 Zip 32807 Country 32906 Country

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  
 MIKE COHEN  
 511 N SEMORAN BLVD  
 ORLANDO FL 32807 2187

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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

TITLE PRES	GERALD REDDEN <input type="checkbox"/> Delete
NAME	2630 SANDY RIDGE LANE
STREET ADDRESS	GIRLETTREE, MD
CITY-ST-ZIP	
TITLE V-P	RITA ANDERSON <input type="checkbox"/> Delete
NAME	P.O. 60959 PALM BAY
STREET ADDRESS	FL 32906
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600003417466--8
STREET ADDRESS	-10/06/00--01115--003
CITY-ST-ZIP	****150.00 ****150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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