

2002 UNIFORM BUSINESS REPORT (UBR)

0011386 AV

DOCUMENT # **S21686**

1. Entity Name

MEMORY GARDENS GROUP, INC.

FILED

02 JUN -5 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1425 BELLEVUE AVE.
DAYTONA BEACH FL 32114-3938**

Mailing Address

**1425 BELLEVUE AVE.
DAYTONA BEACH FL 32114-3938**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address % **Holland & Knight, LLP**

Attn: George B. Howell, III

Suite, Apt. #, etc.

400 N. Ashley Dr., Suite 2300

City & State

Tampa, FL

Zip

33602

Country

Hillsborough

4. FEI Number **59-3075097**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, HCRISTINE S

1425 BELLEVUE AVE.

DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name **James T. Stephens c/o Holland & Knight, LLP**

Attn: George B. Howell, III

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

400 N. Ashley Dr., Suite 2300

City

Tampa

FL

Zip Code

33602

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

James T. Stephens, Receiver

(NOTE: Registered Agent signature required when reinstating)

DATE

James T. Stephens 5/25/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **D** ☐ Delete

NAME **TIMMER, WILLARD I**

STREET ADDRESS **1425 BELLEVUE AVE**

CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **ST** ☐ Delete

NAME **TIMMER, MARILYN J**

STREET ADDRESS **1425 BELLEVUE AVE**

CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **R** ☐ Delete

NAME **STEPHENS, JAMES T**

STREET ADDRESS **1425 BELLEVUE AVENUE**

CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **James** ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

James T. Stephens Receiver 4/30/02 904-753-9040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)