

2002 UNIFORM BUSINESS REPORT (UBR)

001101 AV

DOCUMENT # S57931

1. Entity Name
MEMORY GARDENS LAND ACQUISITION, INC.

FILED

02 JUN -5 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1425 BELLEVUE AVE.
DAYTONA BEACH FL 32114

Mailing Address

1425 BELLEVUE AVE.
DAYTONA BEACH FL 32114

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address c/o Holland & Knight LLP

Attn: George B. Howell, III

Suite, Apt. #, etc.

400 N. Ashley Dr., Suite 2300

City & State

Tampa, FL

Zip

Country

33602

Hillsborough

4. FEI Number 59-3106861

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMPSON, CHRISTINE 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 James T. Stephens 5/25/02

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 \$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
NAME TIMMER, WILLARD I.
STREET ADDRESS 1425 BELLEVUE AVE.
CITY-ST-ZIP DAYTONA BEACH FL

TITLE REC
NAME STEPHENS, JAMES T
STREET ADDRESS 1425 BELLEVUE AVENUE
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Receiver
NAME James T. Stephens
STREET ADDRESS c/o Holland & Knight LLP
CITY-ST-ZIP Attn: George B. Howell, III

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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)