

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90055 001 \*5,700.00

11010



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 006018**  
**1. Entity Name**  
**WOODLAWN PARK CEMETERY COMPANY**

<b>Principal Place of Business</b> 11655 S.W. 117TH AVENUE MIAMI FL 33186	<b>Mailing Address</b> 1201 S. ORLANDO AVE SUITE 365 WINTER PARK FL 32789-7118 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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<b>4. FEI Number</b> 59-0516280	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
 1200 PINE ISLAND RD  
 PLANTATION FL 33324

**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 \$150.00**  
**After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	TS MATASAVAGE, FRANK L. 1201 S ORLANDO AVE #365 WINTER PARK FL 32789 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS ROMANACH, GABRIEL 8200 BIRD RD MIAMI FL 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS HEFFRON, BRENT F 1201 S ORLANDO AVE #365 WINTER PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, WILLIAM E 110 VETERANS BLVD METAIRIE LA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS / D BUDDE, KENNETH C 110 VETERANS BLVD METAIRIE LA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENICAN III, JOSEPH P 1201 S, ORLANDO AVE., SUITE 365 WINTER PARK FL <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Thomas H. Friou 1201 S. Orlando Ave., Ste. 365 Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Loralice A. Trahan 110 Veterans Memorial Blvd. Metairie, LA 70005 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS / D Budde, Kenneth C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Thomas H. Friou **THOMAS H. FRIOU** Thomas H. Friou  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 - 407-740-7000

CR2004 (9/99)