

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

11994



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 018214**  
 1. Entity Name  
**GARDEN OF MEMORIES, INC.**

Principal Place of Business      Mailing Address  
 1201 SOUTH ORLANDO AVENUE, SUITE 365      1201 SOUTH ORLANDO AVENUE, SUITE 365  
 WINTER PARK FL 32789      WINTER PARK FL 32789-7118

2. Principal Place of Business      3. Mailing Address  
**4207 E. Lake Ave.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Tampa, FL**

Zip      Country      Zip      Country  
**33610      USA**

4. FEI Number      Applied For  
**59-0259432**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 PINE ISLAND ROAD**  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>PAS</b> <b>KNOPKE, KEENAN L</b> <b>1201 S ORLANDO AVE #365</b> <b>WINTER PRK FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>MATASAVAGE, FRANK L</b> <b>1201 S ORLANDO AVE #365</b> <b>WINTER PRK FL 32789</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVAS</b> <b>HEFFRON, BRENT F</b> <b>1201 S ORLANDO AVE #365</b> <b>WINTER PRK FL 32789</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROWE, WILLIAM E</b> <b>110 VETERANS MEMORIAL BLVD</b> <b>METAIRIE LA 70005</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENICAN, JOSEPH P III</b> <b>110 VETERANS MEMORIAL BLVD</b> <b>METAIRIE LA 70005</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS/D</b> <b>BUDDE, KENNETH C</b> <b>110 VETERANS BLVD</b> <b>METAIRIE LA</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/S</b> <b>Thomas H. Friou</b> <b>1201 S. Orlando Ave., Ste. 365</b> <b>Winter Park, FL 32789</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>Loralice A. Trahan</b> <b>110 Veterans Memorial Blvd.</b> <b>Metairie, LA 70005</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS/D</b> <b>Budde, Kenneth C.</b> <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      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      3/17/00 · 407-740-7000

CR2E034 (9/99)