

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90025 026 ***150.00

0604250

DOCUMENT # 467087

1. Entity Name
COMANDER FUNERAL HOME, INC.

Principal Place of Business
**21 WEST MAIN ST
 DEFUNIAK SPRINGS FL 32433**

Mailing Address
**3940 OLYMPIC BLVD.
 STE. 500
 ERLANGER KY 41018**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

City & State		City & State		4. FEI Number 59-1567814		Applied For	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	

6. Name and Address of Current Registered Agent

**LOWERY, G. DAVID
 6301 TAFT STREET
 HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name: **CT CORPORATION SYSTEM**
 Street Address (P.O. Box Number is Not Acceptable):
1200 SOUTH PINE ISLAND ROAD
 City: **PLANTATION** FL Zip Code: **33324**

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: **PETER F. SOUZA** **CT CORPORATION SYSTEM**
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, GARY L	NAME	
STREET ADDRESS	3940 OLYMPIC BLVD STE 500	STREET ADDRESS	
CITY-ST-ZIP	ERLANGER KY 41018	CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANSIN, ARTHUR	NAME	
STREET ADDRESS	3940 OLYMPIC BLVD SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	ERLANGER KY 41018	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **ARTHUR ANSIN** **4/5/01** **859 746 6800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)