

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

- 11940



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 600966**

1. Entity Name  
**A.P. BOZA FUNERAL HOME, INC.**

|  |   |
|--|---|
| Principal Place of Business<br><b>1201 SOUTH ORLANDO AVENUE<br/>         SUITE 365<br/>         WINTER PARK FL 32789</b> | Mailing Address<br><b>1201 SOUTH ORLANDO AVENUE<br/>         SUITE 365<br/>         WINTER PARK FL 32789-7118</b> |
|--|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business<br><b>5101 N. Nebraska Ave.</b> | 3. Mailing Address  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc. |

|                                 |                       |
|---------------------------------|-----------------------|
| City & State<br><b>Tampa FL</b> | City & State          |
| Zip<br><b>33603</b>             | Country<br><b>USA</b> |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1237218</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> 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 \_\_\_\_\_ (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. <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|---|--|

11. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PAS<br/>KNOPKE, KEENAN L<br/>1201 S ORLANDO AVE #365<br/>WINTER PRK FL 32789</b>    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVAS<br/>HEFFRON, BRENT F<br/>1201 S ORLANDO AVE, #365<br/>WINTER PARK FL 32789</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ROWE, WILLIAM E<br/>110 VETERANS MEMORIAL BLVD<br/>METAIRIE LA 70005</b>      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS/D<br/>BUDDE, KENNETH C<br/>101 VETERANS BLVD.<br/>METAIRIE LA</b>                | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HENICAN, JOSEPH P III<br/>110 VETERANS MEMORIAL BLVD<br/>METAIRIE LA</b>      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TS<br/>MATASAVAGE, FRANK<br/>1201 S ORLANDO AVE #365<br/>WINTER PARK FL 32789</b>   | <input checked="" type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS<br/>Loralice A. Trahan<br/>110 Veterans Memorial Blvd.<br/>Metairie, LA 70005</b>     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS/D<br/>Budde, Kenneth C.</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T/S<br/>Thomas H. Friou<br/>1201 S. Orlando Ave., Ste. 365<br/>Winter Park, FL 32789</b> | <input type="checkbox"/> Change <input checked="" 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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 : 407-740-7000

CR20014 (9/98)