

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

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

11946



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F66417**

**1. Entity Name**  
**CEMETERY MANAGEMENT, INC.**

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

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number**      **59-2200905**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM**  
**1200 PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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** \_\_\_\_\_      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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ✓ NAME STREET ADDRESS CITY-ST-ZIP	PDAS HEFFRON, BRENT F 1201 S ORLANDO AVE, #365 WINTER PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENICAN, JOSEPH P III 110 VETERANS MEMORIAL BLVD METAIRIE LA 70005 <input checked="" type="checkbox"/> Delete	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	VP ROMANACH, GABRIEL 8200 BIRD ROAD MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ✓ NAME STREET ADDRESS CITY-ST-ZIP	VP KNOPKE, KEENAN L 1201 S ORLANDO AVE #365 WINTER PARK FL 32789 <input type="checkbox"/> Delete	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	D ROWE, WILLIAM E 110 VETERANS BLVD METAIRIE LA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	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*      **REQUIRED** Thomas H. Friou  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 · 407-740-7000

CR2E034 (9/99)