

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90934 001 *5,700.00

NR2170 AV

DOCUMENT # F66417
 Entity Name
CEMETERY MANAGEMENT, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Attn: **SALT**

Suite, Apt. #, etc.
 Suite, Apt. #, etc. **P.O. Box 11250**

City & State: **New Orleans, LA**

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

Zip: **70181-1250** Country: **70181-1250**

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: _____
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, 2002 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: PDAS NAME: HEFFRON, BRENT F STREET ADDRESS: 1201 S ORLANDO AVE, #365 CITY-ST-ZIP: WINTER PARK FL	<input type="checkbox"/> Delete
TITLE: TS NAME: FRIOU, THOMAS H STREET ADDRESS: 1201 S ORLANDO AVE STE 365 CITY-ST-ZIP: WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE: VP NAME: ROMANACH, GABRIEL STREET ADDRESS: 8200 BIRD ROAD CITY-ST-ZIP: MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE: AS NAME: TRAHAN, LORALICE A STREET ADDRESS: 110 VETERANS MEMORIAL BLVD CITY-ST-ZIP: METAIRIE LA 70005	<input type="checkbox"/> Delete
TITLE: D NAME: ROWE, WILLIAM E STREET ADDRESS: 110 VETERANS BLVD CITY-ST-ZIP: METAIRIE LA	<input type="checkbox"/> Delete
TITLE: ASD NAME: BUDDE, KENNETH C STREET ADDRESS: 110 VETERANS BLVD CITY-ST-ZIP: METAIRIE LA	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: Not a "Director"	<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: 8200 S.W. 40th Street, Miami, FL CITY-ST-ZIP: 33155	<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: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input 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: *Lisa T. Winninkoff* **2/14/02** **504-837-5880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment

Cemetery Management, Inc.
2002 Florida Uniform Business Report
Document # F66417

Officers

<u>Name</u>	<u>Title</u>	<u>Address</u>
Brent F. Heffron	President and Assistant Secretary	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
Keenan L. Knopke	Vice President/Asst Secretary	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
Gabriel E. Romanach	Vice President/Asst Secretary	8200 S.W. 40th Street, Miami, FL 33155
William E. Rowe	Vice President	110 Veterans Memorial Blvd., Metairie, LA 70005
Brian J. Marlowe	Vice President	110 Veterans Memorial Blvd., Metairie, LA 70005
Thomas H. Friou	Secretary and Treasurer	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
Loralice A. Trahan	Asst. Secretary/Asst. Treasurer	110 Veterans Memorial Blvd., Metairie, LA 70005
Kenneth C. Budde	Asst. Secretary/Asst. Treasurer	110 Veterans Memorial Blvd., Metairie, LA 70005
Lisa T. Winningkoff	Asst. Secretary/Asst. Treasurer	110 Veterans Memorial Blvd., Metairie, LA 70005

Directors

<u>Name</u>	<u>Address</u>
William E. Rowe	110 Veterans Memorial Blvd., Metairie, LA 70005
Kenneth C. Budde	110 Veterans Memorial Blvd., Metairie, LA 70005
Brian J. Marlowe	110 Veterans Memorial Blvd., Metairie, LA 70005