

Amended 2002

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 APR 15 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G-72396

1. Entity Name

AMENDED
CORAL RIDGE FUNERAL HOME AND CEMETERY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1630 PINE ISLAND RD.

3. Mailing Address

2225 SHEPPARD AVE. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1100

City & State

CAPE CORAL, FL

City & State

TORONTO, ONTARIO

4. FEI Number

59-2364016

Applied For

Not Applicable

Zip

33991

Country

U.S.A.

Zip

M2J 5C2

Country

CANADA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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

(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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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	AMENDMENT TO EARLIER REPORT	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700005338397--5 -04/25/02--01004--007 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT BRADLEY D. STAM 1100-2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT J.C. OGIER MATHEWES 1680 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT ANDREW J. GAUNTLEY #1029 - 4710 KINGSWAY BURNABY, B.C. V5H 4M2	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASSISTANT SECRETARY AZALEA K. ANGELES 1100-2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

L. Langford

LAUREL J. LANGFORD

04/12/02

(416) 498-2430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/02

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name CORAL RIDGE FUNERAL HOME AND CEMETERY, INC.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 1630 PINE ISLAND RD. Suite, Apt. #, etc.		3. Mailing Address 2225 SHEPPARD AVE. E. Suite, Apt. #, etc. SUITE 1100		DO NOT WRITE IN THIS SPACE	
City & State CAPE CORAL, FL		City & State TORONTO, ONTARIO		4. FEI Number 59-2364016	
Zip 33991	Country U.S.A.	Zip M2J 5C2	Country CANADA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent					
Name CT CORPORATION SYSTEM					
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD					
City PLANTATION					
State 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 _____ Signature, typed or printed name of registered agent and date if applicable. (If 275, Registered Agent, separate required for each transaction) DATE					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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-STATE-ZIP	PRESIDENT PAUL A. HOUSTON 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON M2J 5C2 CANADA		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SECRETARY LAUREL J. LANGFORD 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TREASURER LAUREL J. LANGFORD 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VICE-PRESIDENT JOSEPH T. HARDIMAN 311 ELM STREET, SUITE 1000 CINCINNATI, OH 45202		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIRECTOR JEFFREY LOWE 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIRECTOR WILLIAM TOTTLE 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.					
SIGNATURE:		LAUREL J. LANGFORD		03/26/02	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		(416) 498-2430	

CR2E034B (12/01)