

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-21-2002 90934 001 \*5,700.00

**DOCUMENT # 006018**  
 1. Entity Name  
**WOODLAWN PARK CEMETERY COMPANY**

Principal Place of Business: **3260 SW 8TH STREET MIAMI FL 33135**  
 Mailing Address: **1201 S. ORLANDO AVE SUITE 365 WINTER PARK FL 32789 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **Attn: SALT Suite, Apt. #, etc. P. O. Box 11250**  
 City & State: **New Orleans, LA**  
 Zip: **70181-1250**

4. FEI Number: **59-0516280**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 PINE ISLAND RD  
 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.   
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>TS</b> NAME: <b>FRIOU, THOMAS H</b> STREET ADDRESS: <b>1201 S ORLANDO AVE #365</b> CITY-ST-ZIP: <b>WINTER PARK FL 32789</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>PAS</b> NAME: <b>ROMANACH, GABRIEL</b> STREET ADDRESS: <b>8200 BIRD RD</b> CITY-ST-ZIP: <b>MIAMI FL 33155</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: <b>8200 S.W. 40th Street</b> CITY-ST-ZIP: <b>Miami, FL 33155</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>DVAS</b> NAME: <b>HEFFRON, BRENT F</b> STREET ADDRESS: <b>1201 S ORLANDO AVE #365</b> CITY-ST-ZIP: <b>WINTER PARK FL</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: <b>Not a "Director"</b> CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b> NAME: <b>ROWE, WILLIAM E</b> STREET ADDRESS: <b>110 VETERANS BLVD</b> CITY-ST-ZIP: <b>METAIRIE LA</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>ASD</b> NAME: <b>BUDE, KENNETH C</b> STREET ADDRESS: <b>110 VETERANS BLVD</b> CITY-ST-ZIP: <b>METAIRIE LA</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>AS</b> NAME: <b>TRAHAN, LORALICE</b> STREET ADDRESS: <b>1201 S, ORLANDO AVE., SUITE 365</b> CITY-ST-ZIP: <b>WINTER PARK FL</b>	<input type="checkbox"/> Delete	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: *Kira J. Winnickoff* Date: 2/14/02 Daytime Phone #: 504-837-5880  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/01)

# Attachment #

Woodlawn Park Cemetery Company  
2002 Florida Uniform Business Report  
Document #006018

## Officers

<u>Name</u>	<u>Title</u>	<u>Address</u>
Gabriel E. Romanach	President and Assistant Secretary	8200 S.W. 40th Street, Miami, FL 33155
Brent F. Heffron	Executive Vice President/Asst Sec	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
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