

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

11974



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 103956**

1. Entity Name  
**WALSH & WOOD FUNERAL HOME, INC.**

Principal Place of Business 7140 ABBOTT AVE. MIAMI BEACH FL 33141	Mailing Address 1201 S ORLANDO AVE SUITE 365 WINTER PARK FL 32789-7118 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number <b>59-0614284</b>	Applied For <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 RD**  
**PLANATION 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <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
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAS</b> <b>ROMANACH, GABRIEL</b> <b>8200 BIRD RD</b> <b>MIAMI FL 33155</b>	<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	<b>DVAS</b> <b>HEFFRON, BRENT F</b> <b>1201 S ORLANDO AVE, SUITE 365</b> <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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROWE, WILLIAM</b> <b>110 VETERANS MEM BLVD</b> <b>METARIE LA 70005</b>	<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	<b>D</b> <b>HENICAN III, JOSEPH P</b> <b>110 VETERAN MEMBLVBD</b> <b>METARIE LA 70005</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>AS</b> <b>Loralice A. Trahan</b> <b>110 Veterans Memorial Blvd.</b> <b>Metairie, LA 70005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS/D</b> <b>BUDDE, KENNETH C</b> <b>110 VETERANS MEMORIAL BLVD</b> <b>METAIRIE LA 70005</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>AS/D</b> <b>Budde, Kenneth C.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>MASTASAVAGE, FRANK</b> <b>1201 S ORLANDO AVE, #365</b> <b>WINTER PARK FL 32789</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>T/S</b> <b>Thomas H. Friou</b> <b>1201 S. Orlando Ave., Ste. 365</b> <b>Winter Park, FL 32789</b>

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

CR2E034 (9/99)