

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 192027**

1. Entity Name

**SOUTH DADE - PALMS MEMORIAL PARK, INC.**

Principal Place of Business

Mailing Address

11655 S.W. 117TH AVENUE  
 MIAMI FL 33186

11655 S.W. 117TH AVENUE  
 MIAMI FL 33186-3918

2. Principal Place of Business

3. Mailing Address

**1201 S. Orlando Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 365**

City & State

City & State

**Winter Park, FL**

4. FEI Number

**59-0778117**

Applied For

Not Applicable

Zip

Country

**32789**

Country

**USA**

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	<b>PAS ROMANACH, GABRIEL 8200 BIRD ROAD MIAMI FL 33155</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVAS HEFFRON, BRENT F 1201 S ORLANDO AVE, STE 365 WINTER PK FL 32789</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS MATASAVAGE, FRANK L 1201 S ORLANDO AVE, STE 365 ORLANDO FL 32789</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROWE, WILLIAM E 110 VETERANS MEMORIAL BLVD METAIRIE LA 70005</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HENICAN, JOSEPH P III 110 VETERANS MEMORIAL BLVD METAIRIE LA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS/D BUDDE, KENNETH C 110 VETERANS MEMORIAL BLVD METAIRIE 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/S Thomas H. Friou 1201 S. Orlando Ave., Ste. 365 Winter Park, FL 32789</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS Loralice A. Trahan 110 Veterans Memorial Blvd. Metairie, LA 70005</b>	<input type="checkbox"/> Change <input checked="" 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	<b>AS/D Budde, Kenneth C.</b>	<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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 · 407-740-7000

CR2E034 (9/99)