

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90245 006 ***158.75

DOCUMENT # 207982

1. Entity Name
SCI FUNERAL SERVICES OF FLORIDA, INC.

Principal Place of Business 7500 NW 52ND ST MIAMI FL 33166 US	Mailing Address 7500 NW 52ND ST MIAMI FL 33166 US
--	--

2. Principal Place of Business 7077 BONNEVEA RD #450	3. Mailing Address 1929 ALLEN PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville FL	City & State HOUSTON TX	4. FEI Number 59-0818059	Applied For Not Applicable
---------------------------------	----------------------------	-----------------------------	-------------------------------

Zip 32216	Country USA	Zip 77019	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
--------------	----------------	--------------	----------------	---



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYES STREET
 SUITE 105
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 \$150.00 158.75**
 After MAY 1, 2001 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	P BRANDENBURG, JOSEPH A 1929 ALLEN PARKWAY HOUSTON TX 77019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIMOTHY J. CLAIBORNE 1929 ALLEN PKWY., 9TH FLOOR HOUSTON TX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIPSON, RAY A 1929 ALLEN PKWY HOUSTON TX 77019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KULP, TODD C 1929 ALLEN PKWY HOUSTON TX 77019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUZANNE DINEFF 1929 ALLEN PKWY., 9TH FLOOR HOUSTON TX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISA M. NEWBURN 1929 ALLEN PKWY., 9TH FLOOR HOUSTON TX	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: [Signature] VP Date: 4/22/01 Daytime Phone #: 904 296 0066

CR2E034 (10/00)