2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 24, 2000 8:00 am **DOCUMENT # 268235** 1. Entity Name **Secretary of State** ARLINGTON MEMORIAL PARK CEMETERY AND FUNERAL HOM 03-24-2000 90055 001 *5.700.00 Principal Place of Business Mailing Address 1201 S. ORLANDO AVENUE 1201 S. ORLANDO AVENUE SUITE 365 SUITE 365 WINTER PARK FL 32789 WINTER PARK FL 32789-7118 2. Principal Place of Business 3. Mailing Address 6924 Lone Star Rd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1008713 Not Applicable Jacksonville Zip Country \$8.75 Additional Zip 322// 5. Certificate of Status Desired Fee Required USA' 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 PINE ISLAND ROAD PLANTATION FL 33324 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 111. TITLE ☐ Delete TITLE AS ROWE, WILLIAM E NAME NAME Loralice A. Trahan 110 VETERANS MEMORIAL BLVD STREET ADDRESS STREET ADDRESS 110 Veterans Memorial Blvd. **METAIRIE LA 70005** CITY-ST-7IP CITY-ST-ZIP Metairie, LA 70005 PAS ☐ Addition ☐ Change Delete TITLE KNOPKE, KEENAN L NAME 1201 S ORLANDO AVE #365 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP DVAS ☐ Addition ☐ Change ☐ Delete TITLE TITLE HEFFRON, BRENT F NAME NAME 1201 S ORLANDO AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY - ST - ZIP Addition TITLE Thomas H. Friou MATASAVAGE, FRANK L NAME NAME 1201 S. Orlando Ave., Ste. 365 1201 S ORLANDO AVE #365 STREET ADDRESS STREET ADDRESS Winter Park, FL 32789 CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP Delete ☐ Addition ☐ Change TITLE TITLE HENICAN, JOSEPH P III NAME NAME 110 VETERANS MEMORIAL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIF METAIRIE LA 70005 CITY-ST-ZIP AS/D ☐ Addition ☐ Delete TITLE TITLE Budde, Kenneth C. BUDDE, KENNETH C NAME NAME 110 VETERANS BLVD. STREET ADDRESS

3. 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.

CITY-ST-7/P

SIGNATURE:

METAIRIE LA 70005

STREET ADDRESS

MANA H. KNOW QUILLOMOS H. TYLOU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 · 407-740-7000