

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90045 009 ***150.00

DOCUMENT # 285892

1. Entity Name

FOUNTAINHEAD MEMORIAL PARK, INC.

Principal Place of Business

Mailing Address

7303 BABCOCK ST SE
 PALM BAY FL 32909

1929 ALLEN PKWU
 DEPT 2934
 HOUSTON TX 77019
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1088279

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTIC EHALL CORP SYSTEM
1291 HAY ST
STE 105
TALLAHASSEE FL 32301

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.

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	P	<input checked="" type="checkbox"/> Delete
NAME	FRANK BANGO	
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOOR	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TIMOTHY J. CLAIBORNE	
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOOR	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUZANNE DINEFF	
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOOR	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LOHMAN, JOHN H	
STREET ADDRESS	1929 ALLEN PKWY DEPT 2934	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CONKLIN, KENNETH W	
STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	D	<input type="checkbox"/> Delete
NAME	LISA M. NEWBURN	
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOOR	
CITY-ST-ZIP	HOUSTON TX 77019	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDENBURG, JOSEPH A	
STREET ADDRESS	1929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KULP, TODD C	
STREET ADDRESS	1929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIPSON, RAY A	
STREET ADDRESS	1929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. TODD KULP

Date

5/27/00 713/522-5141

Daytime Phone #

CR2E034 (9/99)