

# 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

Zip

Country

Zip

Country

4. FEI Number

**59-1088279**

Applied For

Not Applicable

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

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

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

Daytime Phone #

**5/27/00 713/522-5141**

CR2E034 (9/99)