

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 # 313565

1. Entity Name

GOOD SHEPHERD MEMORIAL GARDENS, INC.

Principal Place of Business

5050 SOUTHWEST 20 STREET
P O BOX 489
OCALA FL 32674-1846

Mailing Address

1201 S ORLANDO AVE
SUITE 365
WINTER PARK FL 32789-7118
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1157844

Applied For

Not Applicable

Zip

Country

Zip

Country

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 PAS ☐ Delete
NAME KNOPKE, KEENAN L
STREET ADDRESS 1201 S ORLANDO AVE, SUITE 365
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVAS ☐ Delete
NAME HEFFRON, BRENT F
STREET ADDRESS 1201 S ORLANDO AVE, #365
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS/D ☐ Delete
NAME BUDDE, KENNETH C
STREET ADDRESS 110 VETERANS MEMORIAL BLVD
CITY-ST-ZIP METAIRIE LA 70005

TITLE AS/D ☒ Change ☐ Addition
NAME Budde, Kenneth C.

TITLE TS ☒ Delete
NAME MATASAVAGE, FRANK L
STREET ADDRESS 1201 S ORLANDO AVE, #365
CITY-ST-ZIP WINTER PARK FL 32789

TITLE T/S ☐ Change ☒ Addition
NAME Thomas H. Friou
STREET ADDRESS 1201 S. Orlando Ave., Ste. 365
CITY-ST-ZIP Winter Park, FL 32789

TITLE D ☒ Delete
NAME HENICAN, JOSEPH P III
STREET ADDRESS 110 VETERANS MEMORIAL BLVD.
CITY-ST-ZIP METAIRIE LA 70005

TITLE AS ☐ Change ☒ Addition
NAME Loralice A. Trahan
STREET ADDRESS 110 Veterans Memorial Blvd.
CITY-ST-ZIP Metairie, LA 70005

TITLE D ☐ Delete
NAME ROWE, WILLIAM E
STREET ADDRESS 110 VETERANS MEMORIAL BLVD
CITY-ST-ZIP METAIRIE LA 70005

TITLE ☐ Change ☐ 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:

Thomas H. Friou
THOMAS H. FRIOU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 - 407-740-7000

CR2E034 (9/99)