

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90055 001 *5,700.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 374307

1. Entity Name

HIGHLAND MEMORY GARDENS, INC.

Principal Place of Business

Mailing Address

1201 S ORLANDO AVE., SUITE 365
 WINTER PARK FL 32789

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

2. Principal Place of Business

3329 E. Semoran Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

4. FEI Number

59-1311244

Applied For

Not Applicable

Zip

32703

Country

USA

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

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

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

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

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

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 ROWE, WILLIAM E
 STREET ADDRESS 110 VETERANS MEMORIAL BLVD
 CITY-ST-ZIP METAIRIE LA

TITLE ☐ Change
 NAME ☐ Change
 STREET ADDRESS ☐ Change
 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.
 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 - 407-740-7000

CR2E034 (9/99)