

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-24-2000 90055 001 *5,700.00

DOCUMENT # 575479

1. Entity Name

ALL FAITHS MEMORIAL PARK, INC.

Principal Place of Business

**1201 SOUTH ORLANDO AVENUE
 SUITE 365
 WINTER PARK FL 32789**

Mailing Address

**1201 SOUTH ORLANDO AVENUE
 SUITE 365
 WINTER PARK FL 32789-7118**

2. Principal Place of Business

1390 Park Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Casselberry FL

City & State

4. FEI Number

59-1825207

Applied For

Not Applicable

Zip

32707

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 **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

TITLE **PAS** ☐ Delete
 NAME **KNOPKE, KEENAN L**
 STREET ADDRESS **1201 SOUTH ORLANDO AVENUE**
 CITY-ST-ZIP **WINTER PARK FL**

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

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 BLVD**
 CITY-ST-ZIP **METAIRIE LA**

TITLE ☒ Change ☐ Addition
 NAME **AS/D**
 STREET ADDRESS **Budde, Kenneth C.**
 CITY-ST-ZIP

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

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

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