

Amended 2002

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 15 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 645933

1. Entity Name
LEVITT-WEINSTEIN MEMORIAL CHAPELS, INC. AMENDED
(formerly Mount Nebo Memorial Gardens, Inc.)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5900 SW 77TH AVE.

3. Mailing Address
2225 SHEPPARD AVE. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1100

DO NOT WRITE IN THIS SPACE

City & State
KENDALL, PA

City & State
TORONTO, ONTARIO

4. FEI Number
36-3061242

Applied For
Not Applicable

Zip
33143

Country
U.S.A.

Zip
M2J 5C2

Country
CANADA

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City
PLANTATION FL Zip Code
33324

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 substituting) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
AMENDMENT TO EARLIER REPORT

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VICE-PRESIDENT
BRADLEY D. STAM
1100-2225 SHEPPARD AVE. E.
TORONTO, ON CANADA M2J 5C2

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VICE-PRESIDENT
J.C. OGIER MATHEWES
1680 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VICE-PRESIDENT
ANDREW J. GAUNTLEY
#1029 - 4710 KINGSWAY
BURNABY, B.C. V5H 4M2

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VICE-PRESIDENT
JOHN LAJOY
1100-2225 SHEPPARD AVE. E.
TORONTO, ON CANADA M2J 5C2

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ASSISTANT SECRETARY
AZALEA K. ANGELES
1100-2225 SHEPPARD AVE. E.
TORONTO, ON CANADA M2J 5C2

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
500005338605--3
-04/25/02--01006--012
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: L. Langford LAUREL J. LANGFORD 04/12/02 (416) 498-2430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

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	Zip M2J 5C2		Country CANADA

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City PLANTATION
State FL
Zip Code 33324

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11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	PAUL A. HOUSTON
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.
CITY - ST - ZIP	TORONTO, ON M2J 5C2 CANADA
TITLE	SECRETARY
NAME	LAUREL J. LANGFORD
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.
CITY - ST - ZIP	TORONTO, ON CANADA M2J 5C2
TITLE	TREASURER
NAME	LAUREL J. LANGFORD
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.
CITY - ST - ZIP	TORONTO, ON CANADA M2J 5C2
TITLE	VICE-PRESIDENT
NAME	JOSEPH T. HARDIMAN
STREET ADDRESS	311 ELM STREET, SUITE 1000
CITY - ST - ZIP	CINCINNATI, OH 45202
TITLE	DIRECTOR
NAME	JEFFREY LOWE
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.
CITY - ST - ZIP	TORONTO, ON CANADA M2J 5C2
TITLE	DIRECTOR
NAME	WILLIAM TOTTLE
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.
CITY - ST - ZIP	TORONTO, ON CANADA M2J 5C2

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **LAUREL J. LANGFORD** _____ **03/26/02** _____ **(416) 498-2430**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Business Phone #

CR2E034B (12/01)