

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 669678**

1. Entity Name

**BETH DAVID MEMORIAL GARDENS, INC.**

Principal Place of Business

**3201 N. 72 AVE  
HOLLYWOOD FL 33024  
US**

Mailing Address

**4126 NORLAND AVE.  
BURNABY BC., CANADA V5G 3S8**

2. Principal Place of Business

3. Mailing Address

**2225 SHEPPARD AVENUE EAST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**ATRIA NORTH III - 11TH FLOOR**

City &amp; State

**CITY & STATE  
TORONTO, ONTARIO**4. FEI Number **36-3072619**

Applied For

Not Applicable

Zip

Country

**Zip  
M2J 5B5****Country  
CANADA**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

**C T CORPORATION SYSTEM  
1200 SOUTH 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, 2001 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>C</b>                  | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>WEINSTEIN, JOEL W.</b> |  |
| STREET ADDRESS | <b>111 SKOKIE BLVD.</b>   |  |
| CITY-ST-ZIP    | <b>WILMETTE IL 60091</b>  |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | <b>CEO</b>               | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>CUTLER, NORMAN</b>    |  |
| STREET ADDRESS | <b>111 SKOKIE BLVD.</b>  |  |
| CITY-ST-ZIP    | <b>WILMETTE IL 60091</b> |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS | <b>SEE ATTACHED LIST OF ALL DIRECTORS AND OFFICERS</b> |   |
| CITY-ST-ZIP    |  |   |

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | <b>P</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>GOLDEN, ALFRED E.</b>    |  |
| STREET ADDRESS | <b>3201 NORTH 72ND AVE.</b> |  |
| CITY-ST-ZIP    | <b>HOLLYWOOD FL 33024</b>   |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | <b>V</b>                  | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>GROSSBERG, ARTHUR</b>  |  |
| STREET ADDRESS | <b>3201 N. 72 AVE</b>     |  |
| CITY-ST-ZIP    | <b>HOLLYWOOD FL 33024</b> |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | <b>DAS</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>HYNDMAN, PETER S.</b>           |                                 |
| STREET ADDRESS | <b>4126 NORLAND AVE.</b>           |                                 |
| CITY-ST-ZIP    | <b>BURNABY BC., CANADA V5G 3S8</b> |                                 |

|                |          |  |
|----------------|----------|--|
| TITLE          | <b>V</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |          |  |
| STREET ADDRESS |          |  |
| CITY-ST-ZIP    |          |  |

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | <b>V</b>                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>GILCHRIST, SEAN M</b> |  |
| STREET ADDRESS | <b>801 TEAS RD</b>       |  |
| CITY-ST-ZIP    | <b>CONROE TX 77303</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:**

(Peter S. Hyndman)

March 6, 2001

(416) 498-2451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

**List of Active Officers and Directors**

Attachment  
D# 669078  
A0031/B6

**Beth David Memorial Gardens, Inc.**

| <u>Director</u>   | <u>Title</u> |
|-------------------|--------------|
| Peter S. Hyndman  | Director     |
| Michael G. Weedon | Director     |

  

| <u>Officer</u>      | <u>Title</u>        |
|---------------------|---------------------|
| Joseph T. Hardiman  | Secretary           |
|                     | Treasurer           |
| Dwight K. Hawes     | Vice-President      |
| Peter S. Hyndman    | Vice-President      |
|                     | Assistant Secretary |
| Robert A. Weinstein | President           |

Peter S. Hyndman

Business: The Loewen Group Inc.  
4126 Norland Avenue  
Burnaby, BC V5G 3S8

Michael G. Weedon

Business: The Loewen Group Inc.  
4126 Norland Avenue  
Burnaby, BC V5G 3S8

Joseph T. Hardiman

Business: Loewen Group International, Inc.  
311 Elm Street  
Cincinnati, OH 45202

Dwight K. Hawes

Business: The Loewen Group Inc.  
4126 Norland Avenue  
Burnaby, BC V5G 3S8

Robert A. Weinstein

Business: 24100 N. Highway 45  
Vernon Hills, IL 60061-3180