

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-24-2000 90055 001 *5,700.00

DOCUMENT # 691031

1. Entity Name

TURNER FUNERAL HOMES, INC.

Principal Place of Business

**504 JEFFERSON ST
 PG BOX 1558
 BROOKSVILLE FL 34605-8538**

Mailing Address

**1201 S ORLANDO AVENUE
 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

59-2109540

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 INLAND RD
 PLANATION 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 AVENUE #365**
 CITY-ST-ZIP **WINTER PARK FL 32789**

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

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

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

TITLE **D** ☒ Delete
 NAME **HENICAN III, JOSEPH P**
 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 **TS** ☒ Delete
 NAME **MATASAVAGE, FRANT L**
 STREET ADDRESS **1201 S ORLANDO AVENUE, SUITE 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 70005**

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

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 ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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)