

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # G72396**

1. Entity Name

**CORAL RIDGE FUNERAL HOME AND CEMETERY, INC.**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90060 013 \*\*\*150.00

Principal Place of Business

Mailing Address

**1630 PINE ISLAND RD.  
CAPE CORAL FL 33991**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2364016**

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

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WAGLER, PAUL</b> <b>4126 NORLAND AVE</b> <b>BURNABY B.C. CA V5G- 3S8</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CASHNER, JEFFREY L</b> <b>801 TEAS RD.</b> <b>CONROE TX 77303</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GILCHRIST, SEAN M</b> <b>801 TEAS RD</b> <b>CONROE TX 77303</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAS</b> <b>HYNDMAN PETER S.</b> <b>4126 NORLAND AVE.</b> <b>BURNABY BC., CANADA V5G 3S8</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>AMATO, GEORGE M</b> <b>4148 58 ST</b> <b>WOODSIDE NY 11377</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>HARDIMAN, JOSEPH T</b> <b>801 TEAS RD</b> <b>CONROE TX 77303</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SEE ATTACHED LIST OF ALL DIRECTORS AND OFFICERS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3205 WEST DAVIS, SUITE 200A</b> <b>CONROE, TX 77304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3205 WEST DAVIS, SUITE 200A</b> <b>CONROE, TX 77304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ST</b> <b>311 ELM STREET, SUITE 1000</b> <b>CINCINNATI, OH 45202</b>

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:**

**SIGNATURE REQUIRED**  
**Peter S. Hyndman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 2000

Date

(604) 299-9321

Daytime Phone #

CR2E034 (9/99)

HIT 90111111  
B# 878396  
947326

ATTACHED TO AND FORMING PART OF FLORIDA 2000 UNIFORM BUSINESS  
REPORT (UBR) FOR **CORAL RIDGE FUNERAL HOME AND CEMETERY, INC.:**

Names and Business Addresses of ALL Officers and Directors:

Director: Weedon, Michael G.  
4126 Norland Avenue  
Burnaby, B.C., Canada V5G 3S8

Director, Vice President  
& Assistant Secretary Hyndman, Peter S.  
4126 Norland Avenue  
Burnaby, B.C., Canada V5G 3S8

President: Cashner, Jeffrey L.  
3205 West Davis, Suite 200A  
Conroe, TX 77304

Vice President: Gilchrist, Sean M.  
3205 West Davis, Suite 200A  
Conroe, TX 77304

Vice President: Hawes, Dwight K.  
4126 Norland Avenue  
Burnaby, B.C., Canada V5G 3S8

Vice President: Kerr, Malcolm P.  
45 South Avenue, Suite 100  
Marietta, GA 30060

Secretary & Treasurer: Hardiman, Joseph T.  
311 Elm Street, Suite 1000  
Cincinnati, OH 45202

Assistant Secretary: Gushulak, Ronald  
3205 West Davis, Suite 200A  
Conroe, TX 77304

Assistant Secretary: Gray, Peter B.  
3205 West Davis, Suite 200A  
Conroe, TX 77304