

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-24-2000 90055 001 \*5,700.00

11943



DO NOT WRITE IN THIS SPACE

**DOCUMENT # H44739**  
**1. Entity Name**  
**BAY AREA CREMATORY, INC.**

**Principal Place of Business**      **Mailing Address:**  
**1201 S ORLANDO AVE**      **499 N. INDIAN ROCKS ROAD**  
**STE 365**      **BELLEAIR BLUFFS FL 33770-2014**  
**WINTER PRK FL 32789**      **US**  
**US**

**2. Principal Place of Business**      **3. Mailing Address**  
**5862 Ulmerton Rd**      **1201 S. Orlando Ave**  
**Suite, Apt. #, etc.**      **Suite 365**

**City & State**      **City & State**  
**Clearwater, FL**      **Winter Park, FL**  
**Zip**      **Country**      **Zip**      **Country**  
**33520**      **USA**      **32789**      **USA**

**4. FEI Number**      **59-2496327**      **Applied For**  
**Not Applicable**  
**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**      **Name**  
**1200 PINE ISLAND ROAD**      **Street Address (P.O. Box Number is Not Acceptable)**  
**PLANTATION FL 33324**  
**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.**      ☐ **FILE NOW!!! FEE IS \$150.00**  
**(See criteria on back)**      **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	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PAS</b> <b>KNOPKE, KEENAN L</b> <b>1201 S ORLANDO AVE #365</b> <b>WINTER PRK FL 32789</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DVAS</b> <b>HEFFRON, BRENT F</b> <b>1201 S ORLANDO AVE #365</b> <b>WINTER PRK FL 32789</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AS</b> <b>Loralice A. Trahan</b> <b>110 Veterans Memorial Blvd.</b> <b>Metairie, LA 70005</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>ROWE, WILLIAM E</b> <b>110 VETERANS MEMORIAL BLVD</b> <b>METAIRIE LA 70005</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TS</b> <b>MATASAVAGE, FRANK L</b> <b>1201 S ORLANDO AVE #365</b> <b>WINTER PARK FL 32789</b> <input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T/S</b> <b>Thomas H. Friou</b> <b>1201 S. Orlando Ave., Ste. 365</b> <b>Winter Park, FL 32789</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AS/D</b> <b>BUDDE, KENNETH C</b> <b>101 VETERANS MEMORIAL BLVD</b> <b>METAIRIE LA</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AS/D</b> <b>Budde, Kenneth C.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>HENICAN, JOSEPH P III</b> <b>110 VETERANS MEMORIAL BLVD</b> <b>METAIRIE LA 70005</b> <input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **3/17/00 • 407-740-7000**

CR2E034 (9/99)