

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90926 001 \*5,550.00

0852971 AT

**DOCUMENT # K11437**

1. Entity Name  
**OAKLAWN PARK CEMETERY AND FUNERAL HOME, INC.**



Principal Place of Business  
**5000 COUNTY RD  
46 A  
SANFORD FL 32771  
US**

Mailing Address  
**ATTN : SALT  
PO BOX 11250  
NEW ORLEANS LA 70181-1250**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2872325**

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 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PAS<br>KNOPKE, KEENAN L<br>1201 S ORLANDO AVE #365<br>WINTER PRK FL 32789   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VAS<br>HEFFRON, BRENT F<br>1201 S ORLANDO AVE #365<br>WINTER PRK FL 32789   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TS<br>FRIOU, THOMAS H<br>1201 S ORLANDO AVE #365<br>WINTER PARK FL 32789    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>TRAHAN, LORALICE A<br>110 VETERANS MEMORIAL BLVD<br>METAIRIE LA 70005 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ASD<br>BUDDE, KENNETH C<br>110 VETERANS BLVD<br>METAIRIE LA                 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROWE, WILLIAM E<br>110 VETERANS MEMORIAL BLVD<br>MATAIRE LA 70005      | <input type="checkbox"/> Delete            |

|  |   |   |
|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | See attached sheet for<br>complete list of Officers/Directors | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of William E. Rowe*

WILLIAM E. ROWE, Assistant Secretary

4/30/03

Date

504-937-5880

Daytime Phone #

CR2E034 (10/02)

# ATTACHMENT

Oaklawn Park Cemetery and Funeral Home, Inc.  
2003 For Profit Corporation Uniform Business Report (UBR)  
Document # K11437 **55037490**

## Officers

| <u>Name</u>        | <u>Title</u>                      | <u>Address</u>   |
|--------------------|-----------------------------------|--|
| Jack Yent, Jr.     | President and Assistant Secretary | 1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789 |
| Brent F. Heffron   | Executive Vice President/Asst Sec | 1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789 |
| William E. Rowe    | Vice President                    | 110 Veterans Memorial Blvd., Metairie, LA 70005        |
| Brian J. Marlowe   | Vice President                    | 110 Veterans Memorial Blvd., Metairie, LA 70005        |
| Thomas H. Friou    | Secretary and Treasurer           | 1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789 |
| Loralice A. Trahan | Asst. Secretary/Asst. Treasurer   | 110 Veterans Memorial Blvd., Metairie, LA 70005        |
| Kenneth C. Budde   | Asst. Secretary/Asst. Treasurer   | 110 Veterans Memorial Blvd., Metairie, LA 70005        |

## Directors

| <u>Name</u>      | <u>Address</u>                                  |
|------------------|---|
| William E. Rowe  | 110 Veterans Memorial Blvd., Metairie, LA 70005 |
| Brian J. Marlowe | 110 Veterans Memorial Blvd., Metairie, LA 70005 |
| Kenneth C. Budde | 110 Veterans Memorial Blvd., Metairie, LA 70005 |