2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800001000 1. Entity Name WINTTER FAMILY FUNERAL & CREMATION SERVICES, L.C					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
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Principal Place of Business Mailing Address 2101 NORTH FEDERAL HIGHWAY 2101 NORTH FEDERAL HIGHWAY					0	OFEB-4 PM 1:24	•	
HOLLYWOOD	FL 33020	HOLLYWOOD FL 33020-2	2227					
	<u>_</u>							
2. Principal Place of Business 3. Mailing Address						(CONTRACTOR CONTRACTOR DESIGNATION OF STATE OF S	B 	ABTIL DRIL 1961
Suite, Apt. #, etc. Suite, Apt.			Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State	City & State		4. FEIN	65-0848318		oplied For of Applicable
Zip Country		Zip	Zip Country		5. Certi	ficate of Status Desired	\$5.00 Add	ditional
	6. Name and Address of Current	Registered Agent	<u></u>		7. Name	e and Address of New Registe	Fee Require red Agent	-a
				Name				
WINTTER, REJANE 2101 NORTH FEDERAL HIGHWAY				Street Address (P.O. Box Number is Not Acceptable)				
HOLLYWOOD FL 33020								
				City			Zip Cod	e
8. The above	named entity submits this statement fo	r the purpose of changing its	s registere	ed office or regist	ered agent,	or both, in the State of Florida.		
SIGNATURE .						·		
	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered	Agent signature requir	ed when reinstati	ng) D/	TE	
	· · · · · · · · · · · · · · · · · · ·	Make Check Po		EE IS \$50.00 Department				
9.	MANAGING MEMBE		10.	 -		ADDITIONS/CHAN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete WINTTER, REJANE 2101 NORTH FEDERAL HIGHWAY HOLLYWOOD FL 33020			E ET ADDRESS ST-21P		00000312 -02/08/00-	-011370	109
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STREET ADDRESS, CITY-ST-ZIP				ET ADDRESS · ST- ZIP				
TITLE	_	☐ Delete	ture				Change	Addition
NAME STREET ADDRESS			NAM STRE	E ET ADDRESS :				
CITY- 8T- ZIP			CITY	ST-ZIP				
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have	the same	elegal effect as if	made unde	r oath; that I am a managing me	r certify that the i ember or manage	nformation er of the