

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # M95057**

1. Entity Name  
**MEMORIAL SUNSET PARK, INC.**

Principal Place of Business 11655 S.W. 117TH AVENUE MIAMI FL 33186	Mailing Address 1201 S ORLANDO AVE STE 365 WINTER PK FL 32789-7118 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

Country	Country	4. FEI Number <b>65-0103104</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAS</b> <b>ROMANCH, GABRIEL</b> <b>8200 BIRD ROAD</b> <b>MIAMI FL 33155</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROWE, WILLIAM E</b> <b>110 VETERANS MEMORIAL BLVD</b> <b>METAIRIE LA 70005</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVAS</b> <b>HEFFRON, BRENT F</b> <b>1201 S ORLANDO AVE #365</b> <b>WINTER PARK FL 32789</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS/D</b> <b>BUDDE, KENNETH C</b> <b>110 VETERANS MEMORIAL BLVD</b> <b>METAIRIE LA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>TRAHAN, LORALICE A</b> <b>110 VETERANS MEMORIAL BLVD</b> <b>METAIRIE LA 70005</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS/D</b> <b>Budde, Kenneth C.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

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)