

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032599

1. Entity Name

JOSEPH B. COFER FUNERAL HOME, INC.

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

04-25-2000 90060 049 ***150.00

Principal Place of Business

Mailing Address

10931 NORTHEAST 6TH AVENUE
MIAMI SHORES FL 33161

4126 NORLAND AVENUE
BURNABY BRITISH
COLUMBIA, CANADA V5G 3S8
OC

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0414395

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 SOUTH PINE ISLAND RD.
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 ☒ Delete
NAME D
STREET ADDRESS WAGLER, PAUL
CITY-ST-ZIP 4126 NORLAND AVENUE
BURNABY B.C. V5G 3S8

TITLE ☐ Change ☐ Addition
NAME SEE ATTACHED LIST
STREET ADDRESS OF ALL DIRECTORS AND OFFICERS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DAS
STREET ADDRESS HYNDMAN, PETER S
CITY-ST-ZIP 4126 NORLAND AVENUE
BURNABY B.C. V5G 3S8

TITLE ☐ Change ☒ Addition
NAME V
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS RUSSELL, ROBERT D
CITY-ST-ZIP 200 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS CASHNER, JEFFREY L
CITY-ST-ZIP 801 TEAS ROAD
CONROE TX 77303

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3205 WEST DAVIS, SUITE 200A
CITY-ST-ZIP CONROE, TX 77304

TITLE ☒ Delete
NAME ST
STREET ADDRESS AMATO, GEORGE M
CITY-ST-ZIP 4145-58TH ST
WOODSIDE NY 11377

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME AS
STREET ADDRESS HARDIMAN, JOSEPH T
CITY-ST-ZIP 801 TEAS RD
CONROE TX 77303-1606

TITLE ☒ Change ☐ Addition
NAME ST
STREET ADDRESS 311 ELM STREET, SUITE 1000
CITY-ST-ZIP CINCINNATI, OH 45202

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

April 14, 2000

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)