

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90045 006 ***150.00

DOCUMENT # P94000036719

1. Entity Name

SAN JOSE FUNERAL HOMES, INC.

Principal Place of Business

Mailing Address

**1929 ALLEN PKWY
 10TH FLOOR
 HOUSTON TX 77019**

**P.O. BOX 130548
 HOUSTON TX 77219-0548**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0490993

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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 | P | <input type="checkbox"/> Delete |
| NAME | BRANDENBURG, JOSEPH A | |
| STREET ADDRESS | 1929 ALLEN PKWY | |
| CITY-ST-ZIP | HOUSTON TX 77019 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | CONKLIN, KENNETH W | |
| STREET ADDRESS | 1929 ALLEN PKWY | |
| CITY-ST-ZIP | HOUSTON TX 77019 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | GIPSON, RAY A | |
| STREET ADDRESS | 1929 ALLEN PKWY | |
| CITY-ST-ZIP | HOUSTON TX 77019 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | BRIGGS, CURTIS G | |
| STREET ADDRESS | 1929 ALLEN PKWY | |
| CITY-ST-ZIP | HOUSTON TX 77019 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | DINEFF, SUZANNE | |
| STREET ADDRESS | 1929 ALLEN PKWY | |
| CITY-ST-ZIP | HOUSTON TX 77019 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | LHOMAN, JOHN H JR | |
| STREET ADDRESS | 1929 ALLEN PKWY | |
| CITY-ST-ZIP | HOUSTON TX 77019 | |

| | | |
|----------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KULLP, C. TODD | |
| STREET ADDRESS | 1929 ALLEN PARKWAY | |
| CITY-ST-ZIP | HOUSTON TX 77019 | |

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. TODD KULLP

Date

Daytime Phone #

4/27/00 713/522-5141

CR2E034 (9/99)