

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000085392

1. Entity Name

BETH DAVID FUNERAL CHAPEL TAMPA, INC.

Principal Place of Business

3909 HENDERSON BLVD
TAMPA FL 33629
US

Mailing Address

1201 S ORLANDO AVE
STE 365
WINTER PARK FL 32789
US

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 59-3278592

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS ROWE, WILLIAM E.
CITY-ST-ZIP 110 VETERANS MEMORIAL BLVD
METAIRIE LA 70005

TITLE ☐ Delete
NAME AS
STREET ADDRESS TRAHAN, LORALICE A
CITY-ST-ZIP 110 VETERANS MEMORIAL BLVD
METAIRIE LA 70005

TITLE ☐ Delete
NAME ASD
STREET ADDRESS BUDDE, KENNETH C
CITY-ST-ZIP 110 VETERANS MEMORIAL BLVD
METAIRIE LA 70005

TITLE ☐ Delete
NAME PAS
STREET ADDRESS KNOPKE, KEENAN L
CITY-ST-ZIP 1201 S ORLANDO AVE STE 365
WINTER PARK FL 32789

TITLE ☐ Delete
NAME TS
STREET ADDRESS FRIOU, THOMAS H
CITY-ST-ZIP 1201 S. ORLANDO AVE, SUITE 365
WINTER PARK FL 32789

TITLE ☐ Delete
NAME DVAS
STREET ADDRESS HEFFRON, BRENT F.
CITY-ST-ZIP 1201 S. ORLANDO AVE, SUITE 365
WINTER PARK FL 32789

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brent F. Heffron

1/31/01

407-740-7000

Date

Daytime Phone #

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90079 001 *5,700.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)