

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-24-2000 90055 001 *5,700.00

DOCUMENT # P95000049923

1. Entity Name

TRINITY MEMORIAL GARDENS OF LAKE LAND, INC.

Principal Place of Business

Mailing Address

43309 U.S. HIGHWAY 19 NORTH
 TARPON SPRINGS FL 34689

P O BOX 1608
 TARPON SPRINGS FL 34688-1608
 US

2. Principal Place of Business

3. Mailing Address

1201 S. Orlando Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 365

City & State

City & State

Winter Park, FL

Zip

Country

Zip 32789

Country

USA

4. FEI Number

59-3325258

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

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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	V	<input checked="" type="checkbox"/> Delete
NAME	ALDRIDGE, DANIEL	
STREET ADDRESS	43309 US HWY 19 N	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	FRIEDLAND, LEW	
STREET ADDRESS	43309 US HWY 19 N	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SAVAGE-RICE, CYNDI	
STREET ADDRESS	12720 MEMORIAL DR	
CITY-ST-ZIP	NEWPORT RICHEY FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	FORD, DAVID	
STREET ADDRESS	43309 US HWY 19N	
CITY-ST-ZIP	TARPON SPRING FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRUNDY, T. SHEA	
STREET ADDRESS	43309 US HWY 19 N	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keenan L. Knopke	
STREET ADDRESS	1201 S. Orlando Ave., Ste. 365	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	VP/AS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brent F. Heffron	
STREET ADDRESS	1201 S. Orlando Ave., Ste. 365	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas H. Friou	
STREET ADDRESS	1201 S. Orlando Ave., Ste. 365	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	D/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth C. Budde	
STREET ADDRESS	110 Veterans Memorial Blvd.	
CITY-ST-ZIP	Metairie, LA 70005	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William E. Rowe	
STREET ADDRESS	110 Veterans Memorial Blvd.	
CITY-ST-ZIP	Metairie, LA 70005	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Loralice A. Trahan	
STREET ADDRESS	110 Veterans Memorial Blvd.	
CITY-ST-ZIP	Metairie, LA 70005	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this report or supplemental report is true and accurate and that my signature shall be that 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)