2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 24, 2000 8:00 am DOCUMENT # P96000013224 **Secretary of State** ORLANDO FUNERAL HOME, INCORPORATED 03-24-2000 90055 001 *5.700.00 Principal Place of Business Mailing Address 1201 S. ORLANDO AVENUE 1201 S. ORLANDO AVENUE SUITE 365 SUITE 365 WINTER PARK FL 32789-7118 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address 1413 S. Semoran Blud. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-308 1547 Orlando Not Applicable 32807 Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FI 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 111. PAS ☐ D∈lete Addition TITLE TITLE KNOPKE, KEENAN L NAME NAME 1201 S. ORLANDO AVENUE, SUITE 365 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-7IP CITY-ST-70F T/S TITLE Delete TITLE Thomas H. Friou TRAHAN, LORALICE A NAME NAME 1201 S. Orlando Ave., Ste. 365 110 VETERANS MEMORIAL BLVD STREET ADDRESS STREET ADDRESS Winter Park, FL 32789 CITY-ST-ZIP CITY-ST-ZIP **METAIRIE LA 70005** ☐ Change ☐ Addition **X** Delete TITLE TITLE HENICAN, JOSEPH P III NAME 110 VETERANS MEMORIAL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MÉTAIRIE LA 70005** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE ROWE, WILLIAM E NAME NAME 110 VETERANS MEMORIAL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ČITY-ST-ZIP **METAIRIE LA 70005** DVAS Change Addition TITLE ☐ Delete TITLE HEFFRON, BRENT F NAME NAME 1201 S ORLANDO AVE #365 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 AS/D AS/D Budde, Kenneth C. Change ☐ Addition ☐ Delete TITLE TITLE BUDDE, KENNETH C NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

110 VETERANS MEMORIAL BLVD

METAIRIE LA 70005

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 · 407-740-7000