

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90926 001 \*5,550.00

0652966 AT

**DOCUMENT # P97000089906**

1. Entity Name

**ROBERTS FUNERAL HOME, INC.**



Principal Place of Business

**606 SW 2ND AVE  
OCALA FL 34474  
US**

Mailing Address

**ATTN : SALT  
PO BOX 11250  
NEW ORLEANS LA 70181-1250**

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

**59-3483106**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAS KNOPKE, KEENAN L 1201 S. ORLANDO AVE., STE. 365 WINTER PARK FL 32789</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROWE, WILLIAM E 1201 S. ORLANDO AVE., STE. 365 WINTER PARK FL 32789</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD BUDDE, KENNETH C 110 VETERANS MEMORIAL BLVD METAIRIE LA 70005</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS TRAHAN, LORALICE A 110 VETERANS MEMORIAL BLVD METAIRIE LA 70005</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS FRIOU, THOMAS H 1201 S. ORLANDO AVE., STE. 365 WINTER PARK FL 32789</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS HEFFRON, BRENT F 1201 S. ORLANDO AVE., STE. 365 WINTER PARK FL 32789</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See attached sheet for complete list of Officers/Directors</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Loralice A. Trahan*

**Loralice A. Trahan - Assistant Secretary**

**4/30/03**

Date

**504-937-5880**

Daytime Phone #

CR2E034 (10/02)

# ATTACHMENT

Roberts Funeral Home, Inc.

2003 For Profit Corporation Uniform Business Report (UBR)

Document # P97000089906

55037489

## Officers

<u>Name</u>	<u>Title</u>	<u>Address</u>
Jack Yent, Jr.	President and Assistant Secretary	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
Brent F. Heffron	Executive Vice President/Asst Sec	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
William E. Rowe	Vice President	110 Veterans Memorial Blvd., Metairie, LA 70005
Brian J. Marlowe	Vice President	110 Veterans Memorial Blvd., Metairie, LA 70005
Thomas H. Friou	Secretary and Treasurer	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
Loralice A. Trahan	Asst. Secretary/Asst. Treasurer	110 Veterans Memorial Blvd., Metairie, LA 70005
Kenneth C. Budde	Asst. Secretary/Asst. Treasurer	110 Veterans Memorial Blvd., Metairie, LA 70005

## Directors

<u>Name</u>	<u>Address</u>
William E. Rowe	110 Veterans Memorial Blvd., Metairie, LA 70005
Brian J. Marlowe	110 Veterans Memorial Blvd., Metairie, LA 70005
Kenneth C. Budde	110 Veterans Memorial Blvd., Metairie, LA 70005