2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S47205

DAVID C. G	ROSS FUNERAL HO	ME, INC. 						
Principal Place of	Business	Mailing Address						
6366 CENTRAL AVE ST PETERSBURG FI		1201 S ORLANDO AVE SUITE 365 WINTER PARK FL 32789-7118 US						
2. Principal Place of Business		3. Malling Addres	s					
Suite, Apt. #, et	c.	Suite, Apt. #, et	Suite, Apt. #, etc.					
City & State		City & State	City & State					
. Zip	Country	Zip	Country					

FILED Mar 24, 2000 8:00 am Secretary of State 03-24-2000 90055 001 *5,700.00

		SUITE 365 WINTER PARK FL 32789-7118 US									
2. Principal Pl	ace of Busin	ess	3. Malling Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					DO NOT WRIT	E IN THIS SI	PACE	
City & State C			City & State	City & State			I. FEI Number	59-3061484	4	<u> </u>	plied For at Applicable
Zip		Country	Zip	Coun	try		5. Certificate of	Status Desired		8.75 Add	
(6. Name	and Address of Current R	egistered Agent			7	. Name and Ad	dress of New R	egistered A	gent	
					Name						
CT CORPORATION SYSTEM 1200 PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)							
PLAN	HAHUN FL	. 33324			City				FL	Zip Cod	e
		1 2 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					t both	n the Ctate of Fla			
8. The above	named entity	submits this statement for t	he purpose of changing its	s registeri	ed office of	registerea	agent, or poth, I	n the State of Fig	rida.		
SIGNATURE _	Signature, typed	or printed name of registered agent an	title if applicable (NOT	E: Registere	d Agent signat	ure required whe	en 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 Sta			550.00		on Campaign Fin Fund Contribution			May Be to Fees
11.		OFFICERS AND D	IRECTORS	12.		_	ADDITIONS/CH	ANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	PAS		□ Delete	TITL	E					Change	Addition
NAME	KNOPKE,	KEENAN L		NAM	E						
STREET ADDRESS		rlando ave, suite 36	5		ET ADDRESS						
CITY-ST-ZIP		PARK FL 32789		CITY	-ST-ZIP	1					
TITLE	AS /D	(EMMETIL O	☐ Delete	TITL		AS/	U Varia	a bla		Change	Addition
NAME POTEST ADDRESS		CENNETH C		NAM	ET ADDRESS	Buda	e, Kenn	ern C.			
STREET ADDRESS CITY-ST-ZIP		rans memorial blvd La 70005			-ST-ZIP						
	TS	LA 70003		TITL		¹ т/s				Change	Addition
TITLE NAME		/AGE, FRANK L	Delete	NAM			as H. Friou			Ontaingo	
STREET ADDRESS		RLANDO AVE, #365	•		ET ADDRESS			Ave., Ste. 3	65		
CITY-ST-ZIP		PARK FL 32789		CITY	-ST-ZIP	1	r Park, FL 3	•			
TITLE	DVAS		□ Delete	TITL		AS				☐ Change	Addition
NAME	HEFFRON	i, brent f		NAM	E	I	e A. Traha	า			
STREET ADDRESS		rlando ave, #365	1100 7112, 11000		STREET ADDRESS 110		Veterans Memorial Blvd.				
CITY-ST-ZIP	WINTER I	PARK FL 32789		CITY	-ST-ZIP		ie, LA 7000				
TITLE	D		☐ Delete	TITL						☐ Change	Addition
NAME	ROWE, W			NAM							
STREET ADDRESS		RANS MEM BLVD			ET ADDRESS - ST- ZIP						
CITY-ST-ZIP	D	LA 70005		_		 				Change	Addition
TITLE NAME	_	, Joseph P III	De ete	TITL NAM		1				☐ cuanãe	☐ Madition
STREET ADDRESS		RANS MEM BLVD	•		ET ADDRESS						
CITY-ST-ZIP		LA 70005			-ST-ZIP						
indicated of the cor	certify that the on this repor poration or th	e information supplied with to tor supplemental report is to ne receiver or trustee empova charant with an address with	rue and accurate and that rered to execute this report	my signa I as requi	ture shall h	ave the sar	ne legal effect a	s it made under (bath: that I ar	m an officei	or airector

_3/17/00 · 407-740-7000