

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S47205

1. Entity Name

DAVID C. GROSS FUNERAL HOME, INC.

Principal Place of Business

6366 CENTRAL AVE
ST PETERSBURG FL 33707

Mailing Address

1201 S ORLANDO AVE
SUITE 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 59-3061484

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

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

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

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

TITLE NAME D
ROWE, WILLIAM
STREET ADDRESS 110 VETERANS MEM BLVD
CITY-ST-ZIP METAIRIE LA 70005 ☐ Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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, 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

CR2E034 (10/00)

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