

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-24-2000 90055 001 \*5,700.00

11958



DO NOT WRITE IN THIS SPACE

**DOCUMENT # V32355**

1. Entity Name

KICLITER FUNERAL HOME, INC.

Principal Place of Business

517 8TH AVE W  
 PALMETTO FL 34221  
 US

Mailing Address

1201 S ORLANDO AVE  
 STE 365  
 WINTER PK FL 32789-7118  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0327962

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

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

TITLE AS/D ☒ Change ☐ Addition  
 NAME Budde, Kenneth C.  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TS ☒ Delete  
 NAME MATASAVAGE, FRANK L  
 STREET ADDRESS 1201 S ORLANDO AVE #365  
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE T/S ☐ Change ☒ Addition  
 NAME Thomas H. Friou  
 STREET ADDRESS 1201 S. Orlando Ave., Ste. 365  
 CITY-ST-ZIP Winter Park, FL 32789

TITLE D ☐ Delete  
 NAME ROWE, W E  
 STREET ADDRESS 110 VETERANS MEMORIAL BLVD  
 CITY-ST-ZIP METAIRIE LA 70000

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

TITLE D ☒ Delete  
 NAME HENICAN, III J P  
 STREET ADDRESS 110 VETERANS MEMORIAL BLVD  
 CITY-ST-ZIP METAIRIE LA 70005

TITLE AS ☐ Change ☒ 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 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:

*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)