

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002196**

1. Entity Name

MATTHEWS FAMILY LIMITED PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06

Principal Place of Business
234 EAST DAVIS BOULEVARD
TAMPA FL 33606

Mailing Address
5018 24TH AVENUE SOUTH
TAMPA FL 33619-5340



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 20571

City & State

City & State

St. Pete FL

Zip

Country

Zip

Country

33742-0571

USA

4. FEI Number

59-3534205

Applied For

Not Applicable

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

**BARNETT, SCOTT F ESQ.
234 E. DAVIS BLVD.
TAMPA FL 33606**

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 *Scott F. Barnett*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$2,450,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000069224**
NAME **MATTHEWS GP CORP., INC.**
STREET ADDRESS **5018 24TH AVENUE SOUTH**
CITY - ST - ZIP **TAMPA FL 33675**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

500003268645---8
05/26/00 01079 019
*****526.25 ***526.25**

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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Signature of Scott F. Barnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-19-2000

Date

Daytime Phone #