

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L95000000123**

1. Entity Name
MATTER BROTHERS REAL ESTATE, L.C.

FILED
00 JAN 18 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business % MATTER BROS. FURNITURE 40528 U.S. 19 NORTH TARPON SPRINGS FL 34689	Mailing Address % MATTER BROS. FURNITURE 40528 U.S. 19 NORTH TARPON SPRINGS FL 34689
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0561019		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
KUSHNER, STEVEN P 1515 BROADWAY FORT MYERS FL 33901				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTER, JOHN C			NAME			
STREET ADDRESS	11750 CLEVELAND AVE.			STREET ADDRESS	40528 U.S. 19 NORTH		
CITY-ST-ZIP	FORT MYERS FL 33907			CITY-ST-ZIP	Tarpon Springs, FL-34689		
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTER, GARY F			NAME	same as above		
STREET ADDRESS	11750 CLEVELAND AVE.			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33907			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTER, STEWART W II			NAME	same as above		
STREET ADDRESS	11750 CLEVELAND AVE.			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33907			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTER, THOMAS M			NAME	same as above		
STREET ADDRESS	11750 CLEVELAND AVE.			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33907			CITY-ST-ZIP	500003112215--8		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Thomas M. Matter* **THOMAS M. MATTER** 1-13-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
 Date: _____ Daytime Phone #: (727) 942-3618