

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018544 AF

**DOCUMENT # M95000000047**

1. Entity Name  
**RJ MATADOR, L.L.C.**

**FILED**

FEB 12 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten mark*

Principal Place of Business  
**880 CARILLON PARKWAY  
ST. PETERSBURG FL 33716**

Mailing Address  
**880 CARILLON PARKWAY  
ST. PETERSBURG FL 33716**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3307717**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATECKI, PAUL L  
880 CARILLON PARKWAY  
ST. PETERSBURG FL 33716**

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 NAME  Delete  
**MGR BERG, JEFFREY**  
STREET ADDRESS **200 FIRST AVENUE, STE. 201**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
**MGMR DOWDLE, JEFFREY**  
STREET ADDRESS **880 CARILLON PKWY.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

**100003719081--5  
-02/19/01--01136--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
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: *Jeffrey Dowdle* **JEFFREY DOWDLE** **JAN 31 2001** 727-573-3800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)