

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

01-24-2000 90026 036 \*\*\*150.00

**DOCUMENT # P97000092500**

1. Entity Name  
**SWEETWATER EAST INVESTMENT CO.**

|                                                                       |                                                                |
|-----------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br>684 DYSON ROAD<br>HAINES CITY FL 33844 | Mailing Address<br>684 DYSON ROAD<br>HAINES CITY FL 33844-6349 |
|-----------------------------------------------------------------------|----------------------------------------------------------------|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |



DO NOT WRITE IN THIS SPACE

3474924  
 59-3474924

4. FEI Number  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                        |  |
| KING, LAWRENCE B<br>684 DYSON ROAD<br>HAINES CITY FL 33844<br><i>Delete</i> |  | MRS. VICTORIA MATT<br>443 SWEETWATER WAY<br>HAINES CITY, FL. 33844 |  |

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 *Victoria P. Matt* DATE *1-18-2000*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPT<br>HUMMER, CHARLES W<br>649 SWEETWATER WAY<br>HAINES CITY FL 33844<br><input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>BARD, RONALD<br>553 CLUBHILL DRIVE<br>HAINES CITY, FL 33844<br><input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Mr. Donald Wallensack<br>633 Watercrest Drive<br>Haines City, Fl. 33844<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MOORE, CARLETON<br>425 HARBOURVIEW DR.<br>HAINES CITY FL 33844<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Mr. William Coder<br>447 Sweetwater Way<br>Haines City, Fl. 33844<br><input type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>WOLFF, HELMUT<br>423 HARBOURVIEW DRIE<br>HAINES CITY FL 33844<br><input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>MATT, VICTORIA P<br>442 SWEETWATER WAY<br>HAINES CITY FL 33844<br><input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |

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: *Victoria P. Matt* DATE *1-13-2000* DAYTIME PHONE # *863-421-0940*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)