

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90001 036 \*\*\*150.00

**DOCUMENT # P99000111861**

1. Entity Name

**MATHERNE CONSTRUCTION COMPANY, INC.**

Principal Place of Business

Mailing Address

**1875 TARPON LANE  
 VERO BEACH FL 32960**

**1875 TARPON LANE  
 VERO BEACH FL 32960**

**C0041063**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3003 Cardinal Drive**

3. Mailing Address

**4050 Westmark Drive**

Suite, Apt. #, etc.

**Suite 3**

Suite, Apt. #, etc.

City & State

**Vero Beach, FL**

City & State

**Dubuque, IA**

4. FEI Number

**65-0970462**

Applied For

Not Applicable

Zip  
**32963**

Country  
**US**

Zip  
**52002**

Country  
**US**

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

**MARINE, CHRISTOPHER H  
 979 BEACHLAND BLVD  
 VERO BEACH FL 32963**

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.

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAUER, DVID C</b>	
STREET ADDRESS	<b>4050 WESTMARK DR</b>	
CITY-ST-ZIP	<b>DEBUQUE IA 52002</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FALB, MARK C</b>	
STREET ADDRESS	<b>4050 WESTMARK DR</b>	
CITY-ST-ZIP	<b>DEBUQUE IA 52002</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FELTES, GREG</b>	
STREET ADDRESS	<b>4050 WESTMARK DR</b>	
CITY-ST-ZIP	<b>DEBUQUE IA 52002</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MATHERNE, DENNIS</b>	
STREET ADDRESS	<b>1875 TARPON LANE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OWEN, STEVEN C</b>	
STREET ADDRESS	<b>1875 TARPON LANE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D/P/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bauer, David C.</b>	
STREET ADDRESS	<b>4050 Westmark Drive</b>	
CITY-ST-ZIP	<b>Dubuque, IA 52002</b>	
TITLE	<b>D/C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Falb, Mark C.</b>	
STREET ADDRESS	<b>4050 Westmark Drive</b>	
CITY-ST-ZIP	<b>Dubuque, IA 52002</b>	
TITLE	<b>D/T/AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Feltes, Gregory G.</b>	
STREET ADDRESS	<b>4050 Westmark Drive</b>	
CITY-ST-ZIP	<b>Dubuque, IA 52002</b>	
TITLE	<b>D/VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Matherne, Dennis</b>	
STREET ADDRESS	<b>3003 Cardinal Drive, Ste. D</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32963</b>	
TITLE	<b>D/VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Owen, Steven C.</b>	
STREET ADDRESS	<b>3003 Cardinal Drive, Ste. D</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32963</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Gregory G. Feltes Gregory G. Feltes, Asst. Secretary 3/10/00 319-589-1210  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR21 03-14-0099