

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000751

1. Entity Name

MATT BREWING CO., INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90150 037 ***550.00

Principal Place of Business

811 EDWARD ST.
UTICA NY 13502

Mailing Address

811 EDWARD ST.
UTICA NY 13502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-1343803

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MUTH, GORDON
624 FLAMINGO DR.
UNIT 212
VENICE FL 34285

Gordon Muth
Apartment 206
818 Capri Isle Blvd
Venice, FL 34292

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.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DC ☐ Delete
NAME MATT, FRANCIS X II
STREET ADDRESS 130 PARIS ROAD
CITY-ST-ZIP NEW HARTFORD NY 13413

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

TITLE DVCP ☐ Delete
NAME MATT, NICHOLAS O
STREET ADDRESS 36 JORDAN RD.
CITY-ST-ZIP NEW HARTFORD NY 13413

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

TITLE D ☐ Delete
NAME MATT, WALTER J
STREET ADDRESS 8 SOLDIER'S PLACE
CITY-ST-ZIP BUFFALO NY 14222

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

TITLE D ☐ Delete
NAME MATT, J. KEMPER
STREET ADDRESS 5 MEADOW LANE
CITY-ST-ZIP FAYETTEVILLE NY 13066

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

TITLE S ☐ Delete
NAME MATT, FRANCIS X II
STREET ADDRESS 130 PARIS RD.
CITY-ST-ZIP NEW HARTFORD NY 13413

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

TITLE T ☐ Delete
NAME MATT, NICHOLAS O
STREET ADDRESS 36 JORDAN RD.
CITY-ST-ZIP NEW HARTFORD NY 13413

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-00
Date

315-624-2915
Daytime Phone #

CR2E034 (5/00)