

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000003443**

1. Entity Name  
**MATTHEWS-JACOBS INVESTMENTS, L.C.**

Principal Place of Business  
**310 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134**

Mailing Address  
**310 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134**

2. Principal Place of Business  
**2600 Douglas Road  
Suite, Apt. #, etc.  
Suite 607**

3. Mailing Address  
**2600 Douglas Road  
Suite, Apt. #, etc.  
Suite 607**

City & State  
**Coral Gables, FL**

City & State  
**Coral Gables, FL**

4. FEI Number **91-1947438**

Applied For  
Not Applicable

Zip Country  
**33134 USA**

Zip Country  
**33134 USA**

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

## 6. Name and Address of Current Registered Agent

**HENDRICKS, ROBERT A  
310 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134**

## 7. Name and Address of New Registered Agent

Name  
**HENDRICKS, ROBERT A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2600 Douglas Road  
Suite 607  
City Coral Gables FL Zip Code 33134**

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 \_\_\_\_\_

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

**3000004163113--3  
-05/08/01--01120--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

## 9. MANAGING MEMBERS / MEMBERS

TITLE **MGR** ☐ Delete  
NAME **MATTHEWS, MARY L**  
STREET ADDRESS **5262 MISSION HILL DRIVE**  
CITY-ST-ZIP **TUCSON AZ 85718**

TITLE **MGR** ☐ Delete  
NAME **JACOBS, ELSIE E**  
STREET ADDRESS **8401 S.W. 107 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS / CHANGES

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Jeffrey Matthews, Property Manager**

Date

Daytime Phone #

**(520) 884-5000**

**04-15-01**

APPROVED  
AND  
FILED

**01 APR 24 AM 10:24**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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