

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 255867

1. Entity Name

MATHEWS CORPORATION

FILED

00 JAN 28 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1604 N. MARION ST.
TAMPA FL 33602
US

1604 N. MARION ST
TAMPA FL 33602-2639
US



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

59-0967052

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

OELLERICH, DAVID E.

~~3314 ARCH STREET~~
TAMPA FL 33607

Name

Street Address (P.O. Box Number is Not Acceptable)

1604 N. MARION ST.

City

Tampa

FL

Zip Code
33602

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 \$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

TITLE	ELFLER, PATRICIA	<input type="checkbox"/> Delete
NAME	1724 TALLOWTREE CR.	
STREET ADDRESS	VALRICO FL 33594	
CITY-ST-ZIP		
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	OELLERICH, DAVID E	
STREET ADDRESS	448 LUCERNE AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	OELLERICH, HERMAN J	<input type="checkbox"/> Delete
NAME	103 MARTINIQUE AVENUE	
STREET ADDRESS	TAMPA FL 33606	
CITY-ST-ZIP		

TITLE	OELLERICH, MARY ELLEN	<input type="checkbox"/> Delete
NAME	448 LUCERNE AVENUE	
STREET ADDRESS	TAMPA FL 33606	
CITY-ST-ZIP		

TITLE	EVP	<input type="checkbox"/> Delete
NAME	MAHONEY, MICHAEL	
STREET ADDRESS	750 ALDA WAY	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	→ correct spelling Eifler	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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****158.75 ****158.75

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.20.00

813.221.6659

Date

Daytime Phone #