

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 269215**

1. Entity Name

MATSCHÉ CO.**FILED**
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90009 026 ***150.00

Principal Place of Business

Mailing Address

2023 W OLD HWY 441
MT. DORA FL 32757
US**P O BOX 525**
MT. DORA FL 32756-0525
US

2. Principal Place of Business

2025 W. Old Hwy 441

3. Mailing Address

Post Office Box 525

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Mount Dora, FLCity & State
Mount Dora, FL4. FEI Number **59-0995863**

Applied For

Not Applicable

Zip
32757Country
USAZip
32757Country
USA5. 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****MATSCHÉ, JOHN J**
2023 W OLD HWY 441
MT. DORA FL 32757

Name

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

2025 W. Old Hwy 441City
Mount Dora,**FL**Zip Code
32757

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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MATSCHÉ, JOHN J
2023 W OLD HWY 441
MOUNT DORA FL 32757 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2025 W. Old Hwy 441
Mount Dora, FL 32757TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MATSCHÉ, BETTY K
2023 W OLD HWY 441
MOUNT DORA FL 32757 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2025 W. Old Hwy 441
Mount Dora, FL 32757TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MORDINI, EDITH
202 ORCHID WAY
HOWEY FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 24, 2000

352-383-6121

Date

Daytime Phone #

CR2E034 (9/99)