

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90009 032 \*\*\*150.00

**DOCUMENT # 369882**

1. Entity Name

**MATSCHER REAL ESTATE COMPANY**

Principal Place of Business

Mailing Address

**2023 W OLD HWY 441  
MT DORA FL 32757  
US****2023 W OLD HWY 441  
MOUNT DORA FL 32757  
US**

A0004113

2. Principal Place of Business

**2025 W. Old Hwy 441**

Suite, Apt. #, etc.

3. Mailing Address

**Post Office Box 525**

Suite, Apt. #, etc.

City &amp; State

**Mount Dora, FL**

City &amp; State

**Mount Dora, FL**

4. FEI Number

**59-1350926**

Applied For

Not Applicable

Zip  
**32757**Country  
**USA**Zip  
**32757**Country  
**USA**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MATSCHER, JOHN J  
2023 W OLD HWY 441  
MT. DORA FL 32757**

7. Name and Address of New Registered Agent

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.  
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>PDT</b>		<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>MATSCHER, JOHN JUNIOR</b>						
	<b>2023 W OLD HWY 441</b>						
	<b>MOUNT DORA, FL 00000</b>						
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/23/00****352-383-6121**

CR2E034 (9/99)