

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90043 036 ***150.00

DOCUMENT # 369882

1. Entity Name
MATSCHER REAL ESTATE COMPANY

Principal Place of Business

2025 W OLD HWY 441
MT DORA FL 32757
US

Mailing Address

PO BOX 525
MOUNT DORA FL 32757
US



DO NOT WRITE IN THIS SPACE

2
21405 Wolf Branch Road

21405 Wolf Branch Road

Mount Dora, FL
32757 USA

Mount Dora, FL
32757 USA

4. FEI Number **59-1350926**

Applied For

Not Applicable

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

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

Matscher, John J.
21405 Wolf Branch Road
Mount Dora, FL 32757

8. The above named entity submits this statement for the purpose of changing its registered

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/2001

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, 2001 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
PDT
MATSCHER, JOHN JUNIOR
2025 W OLD HWY 441
MOUNT DORA FL 32757

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
KEELER, RALPH L JR
1201 BLY CT
EUSTIS FL 32726

☒ Delete

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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 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

2/28/2001 352-383-6121

Date

Daytime Phone #

CR2E034 (10/00)