

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 520648

1. Entity Name

VILLAGE GREEN PROPERTIES, INC.

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90150 027 \*\*\*150.00

Principal Place of Business

2023 WEST OLD HWY 441  
MT. DORA FL 32757  
US

Mailing Address

PO BOX 525  
MT. DORA FL 32756  
US

2. Principal Place of Business

2025 W. Old Hwy. 441

3. Mailing Address

2025 W. Old Hwy. 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Mt. Dora, FL.

City & State  
Mt. Dora, FL.

4. FEI Number 59-1890650

Applied For

Not Applicable

Zip  
32757

Country  
Lake

Zip  
32756

Country  
Lake

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MATSCHKE, JOHN J.  
2023 W. OLD HIGHWAY 441  
MT. DORA FL 32757

## 7. Name and Address of New Registered Agent

Name

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

2025 W. Old Hwy. 441

City  
Mt. 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, 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

TITLE PSD ☐ Delete  
NAME MATSCHKE, JOHN, JR.  
STREET ADDRESS 2023 W. OLD HIGHWAY 441  
CITY-ST-ZIP MT. DORA FL 32757

TITLE T ☐ Delete  
NAME MATSCHKE, JOHN JOSEPH  
STREET ADDRESS 4650 ADDISON DR  
CITY-ST-ZIP CHARLOTTE NC 28211

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2025 W. Old Hwy. 441  
CITY-ST-ZIP Mt. Dora, FL. 32757

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

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

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

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

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:

John J. Matsche

Jan. 8, 2001

352-383-6121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)