

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90089 038 \*\*\*150.00

**DOCUMENT # 520648**

1. Entity Name  
VILLAGE GREEN PROPERTIES, INC.



Principal Place of Business

2025 WEST OLD HWY 441  
MT. DORA FL 32757  
US

Mailing Address

21405 WOLF BRANCH RD  
MT. DORA FL 32757  
US

2. Principal Place of Business

3. Mailing Address

21405 WOLF BRANCH RD

4029 ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MT DORA, FL

City & State

JACKSONVILLE FL

Zip

32207

Country

Zip

32207

Country

4. FEI Number

59-1890650

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATRICK, MARK R  
4040 WOODLOCK DRIVE  
SUITE 230  
JACKSONVILLE FL 32207

Name

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

4029 ATLANTIC BLVD.

City

JACKSONVILLE

FL

Zip Code

32207

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME MATSCHE, JOHN, JR. ☐ Delete  
STREET ADDRESS 2025 W. OLD HWY 441  
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE PSD  
NAME MATSCHE, JOHN J. ☒ Change ☐ Addition  
STREET ADDRESS 21405 WOLF BRANCH RD.  
CITY-ST-ZIP MOUNT DORA, FL 32757

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Matsche 2/4/03 352-383-6121  
Date Daytime Phone #

CR2E034 (10/02)