

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H44362

1. Entity Name

MATSCHKE CONSTRUCTION CO.

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

03-02-2000 90009 025 \*\*\*150.00

Principal Place of Business

Mailing Address

2023 W OLD HWY 441  
MT DORA FL 32757  
US

2023 W OLD HWY 441  
MT DORA FL 32757  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2025 W. OLD HWY 441

Suite, Apt. #, etc.

3. Mailing Address

POST OFFICE BOX 525

Suite, Apt. #, etc.

City & State

Mount Dora, FL

City & State

Mount Dora, FL

4. FEI Number

59-2498787

Applied For

Not Applicable

Zip

32757

Country

USA

52757

USA

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

MATSCHKE, JOHN JUNIOR  
101 W. HWY 441  
2023 W OLD HWY 441  
MT DORA FL 32757

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	VP	<input checked="" type="checkbox"/> Delete
NAME	AUTY ENLOE CARTER	
STREET ADDRESS	20207 MAGNOLIA AVE	
CITY-ST-ZIP	SORRENTO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	NELSON, ROBERT, M	
STREET ADDRESS	10333 NORTH EM EL GROVE ROAD	
CITY-ST-ZIP	UMATILLA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MATSCHKE, HANNAH JILL	
STREET ADDRESS	2023 W OLD HWY 441	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	PD	<input type="checkbox"/> Delete
NAME	J. MATSCHKE, JOHN,	
STREET ADDRESS	2023 W OLD HWY 441	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EDWARD S. LAMBETH	
STREET ADDRESS	303 HIDDEN HOLLOW CT.	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Joseph Matsche	
STREET ADDRESS	2025 W. Old Hwy 441	
CITY-ST-ZIP	Mount Dora, FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2025 W. Old Hwy 441	
CITY-ST-ZIP	Mount Dora, FL 32757	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2025 W. Old Hwy 441	
CITY-ST-ZIP	Mount Dora, FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)