

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H44362

1. Entity Name

MATSCHÉ CONSTRUCTION CO.

FILED

Feb 28, 2001 8:00 am  
Secretary of State

02-28-2001 90042 012 \*\*\*150.00

Principal Place of Business

Mailing Address

2023 W OLD HWY 441  
MT DORA FL 32757  
US

PO BOX 525  
MT DORA FL 32757  
US

924489



DO NOT WRITE IN THIS SPACE

2. 21405 Wolf Branch Road  
Mount Dora, FL  
32757 USA

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Mount Dora, FL  
32757 USA

4. FEI Number 59-2498787

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

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

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

(NOTE: Registered Agent signature required when reinstating)

2/21/2001

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: VD  
NAME: MATSCHÉ, JOHN J.  
STREET ADDRESS: 2025 W OLD HWY 441  
CITY-ST-ZIP: MOUNT DORA FL 32757 ☐ Delete

TITLE: ☒ Change ☐ Addition  
NAME: 21405 Wolf Branch Road  
STREET ADDRESS: Mount Dora, FL 32757  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: V ☒ Delete  
NAME: NELSON, ROBERT, M  
STREET ADDRESS: 10333 NORTH EM EL GROVE ROAD  
CITY-ST-ZIP: UMATILLA FL

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

TITLE: VD  
NAME: MATSCHÉ, HANNAH JILL  
STREET ADDRESS: 2025 W OLD HWY 441  
CITY-ST-ZIP: MT DORA FL 32757 ☐ Delete

TITLE: ☒ Change ☐ Addition  
NAME: 21405 Wolf Branch Road  
STREET ADDRESS: Mount Dora, FL 32757  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: PD  
NAME: J. MATSCHÉ, JOHN,  
STREET ADDRESS: 2025 W OLD HWY 441  
CITY-ST-ZIP: MT DORA FL 32757 ☐ Delete

TITLE: ☒ Change ☐ Addition  
NAME: 21405 Wolf Branch Road  
STREET ADDRESS: Mount Dora, FL 32757  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: VP ☒ Delete  
NAME: EDWARD S. LAMBETH  
STREET ADDRESS: 303 HIDDEN HOLLOW CT.  
CITY-ST-ZIP: SANFORD FL

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

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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

2/21/2001 352-383-6121  
Date Daytime Phone #

CR2E034 (10/00)