

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L65872

1. Entity Name

THE MATZEL ORGANIZATION, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90073 048 ***150.00

Principal Place of Business

Mailing Address

21 BRANDYWINE LANE
COLTE NECK FL 07722

21 BRANDYWINE LANE
COLTE NECK FL 07722-1352

2. Principal Place of Business

3. Mailing Address

2 Evergreen Lane
Suite, Apt. #, etc.

2 Evergreen Lane
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Colts Neck NJ

Colts Neck NJ

Zip
07722

Country
USA

Zip
07722

Country
USA

4. FEI Number 22-3036560

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

WRIGHT, KENNETH W
20 N. ORANGE AVENUE, SUITE 1000
ORLANDO FL 32801

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	PD	<input type="checkbox"/> Delete
NAME	MATZEL, BRUCE	
STREET ADDRESS	2 EVERGREEN LANE	
CITY-ST-ZIP	COLTE NECK FL 07722	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MATZEL, GERALDINE	
STREET ADDRESS	2 EVERGREEN LANE	
CITY-ST-ZIP	COLTE NECK FL 07722	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Colts Neck, NJ 07722	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Colts Neck, NJ 07722	
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STREET ADDRESS		
CITY-ST-ZIP		
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:

Geraldine Matzel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 4, 2000 (732) 834-9811
Date Daytime Phone #

CR2F034 (9/99)