

2001 UNIFORM BUSINESS REPORT (UBR)

00110 AF

DOCUMENT # L94000000625

1. Entity Name:
MATHEWS-FOSTER, L.C.

FILED

01 APR 23 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% WILLIAM SCOTT FOSTER
909 MAR WALT DR., STE. 1014
FT. WALTON BEACH FL 32547

Mailing Address
% WILLIAM SCOTT FOSTER
909 MAR WALT DR., STE. 1014
FT. WALTON BEACH FL 32547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3289690

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, WILLIAM S
909 MAR WALT DR., STE. 1014
FT. WALTON BEACH FL 32547

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM FOSTER, WILLIAM S
STREET ADDRESS 909 MAR WALT DR., STE. 1014
CITY-ST-ZIP FT. WALTON BEACH FL 32547 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
NAME 500004135055--9
STREET ADDRESS -05/03/01--01149--010
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME MGRM MATHEWS, LYNNE F
STREET ADDRESS 909 MAR WALT DR., STE. 1014
CITY-ST-ZIP FT. WALTON BEACH FL 32547 ☐ Delete

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)