

# 2001 UNIFORM BUSINESS REPORT (UBR)

0032802 SP

**DOCUMENT # L95000000123**  
 1. Entity Name  
**MATTER BROTHERS REAL ESTATE, L.C.**

**FILED**

01 JAN 19 PM 3:52

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
 % **MATTER BROS. FURNITURE**      % **MATTER BROS. FURNITURE**  
**40528 U.S. 19 NORTH**      **40528 U.S. 19 NORTH**  
**TARPON SPRINGS FL 34689**      **TARPON SPRINGS FL 34689**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0561019**      Not Applicable  
 5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KUSHNER, STEVEN P**  
**1515 BROADWAY**  
**FORT MYERS FL 33901**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MATTER, JOHN C 40528 U.S. 19 NORTH TARPON SPRINGS FL 34689</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MATTER, GARY F 40528 U.S. 19 NORTH TARPON SPRINGS FL 34689</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MATTER, STEWART W II 40528 U.S. 19 NORTH TARPON SPRINGS FL 34689</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MATTER, THOMAS M 40528 U.S. 19 NORTH TARPON SPRINGS FL 34689</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>7000003576947--3</b>	
	<b>-01/26/01--00000000</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>*****50.00 *****50.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Handwritten Signature]</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Handwritten Signature]* **Tom MATTER**      1-15-01 (727) 942-3618  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (11/00)