

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000813

1. Entity Name

DEVOE AND MATTHEWS, L.C.

FILED

00 JAN 18 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
348 MIRACLE STRIP PARKWAY S.W.
SUITE 23
FORT WALTON BEACH FL 32548

Mailing Address
348 MIRACLE STRIP PARKWAY S.W.
SUITE 23
FORT WALTON BEACH FL 32548-5263

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3393175

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

MATTHEWS, NORMAN D
348 MIRACLE STRIP PARKWAY S.W.
SUITE 23
FORT WALTON BEACH FL 32548

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
STREET ADDRESS
CITY-ST-ZIP

MGR
SCHADEGG, LAWRENCE M
43865 AIRPORT VIEW DRIVE
HOLLYWOOD MD 20636

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300003112423-0
-01/27/00-01022-009
*****55.00 *****55.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DURANSKE, MATTHEW G
43865 AIRPORT VIEW DRIVE
HOLLYWOOD MD 20636

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
CRANE, ALLAN D
43865 AIRPORT VIEW DRIVE
HOLLYWOOD MD 20636

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
MATTHEWS, NORMAN D
348 MIRACLE STRIP PKWY., S.W., #23
FT. WALTON BEACH FL 32548

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DEVOE, DOUGLAS R
348 MIRACLE STRIP PKWY., S.W., #23
FT. WALTON BEACH FL 32548

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Douglas R. DeVoe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-5-00 850-244-3221