

2001 UNIFORM BUSINESS REPORT (UBR)

0013332 AF

DOCUMENT # **L97000000248**

1. Entity Name

MATHEWS WINTER HAVEN INVESTMENTS, L.C.

FILED

01 APR 20 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1000 U.S. 27 NORTH
HAINES CITY FL 33844

Mailing Address

P.O. BOX 438
HAINES CITY FL 33845-0438

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

59-3500715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, EDWARD D
30 CLUB CT
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

Name **MATHEWS, EDWARD D., TRUSTEE,**
Street Address (P.O. Box Number is Not Acceptable)
GRANTOR RETAINED ANNUITY TRUST
30 CLUB COURT
City **HAINES CITY** **FL** Zip Code **33844**

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 *Edward D. Mathews* **TRUSTEE**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
EDWARD D. MATHEWS, 4/16/01
DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **MATHEW, EDWARD D**
CITY-ST-ZIP **30 CLUB CT**
HAINES CITY FL 33844

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **MATHEWS, CHARLES A**
CITY-ST-ZIP **30 CLUB CT**
HAINES CITY FL 33844

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **MGRM**
STREET ADDRESS **MATHEWS, EDWARD D., TRUSTEE**
CITY-ST-ZIP **30 CLUB COURT**
HAINES CITY, FL 33844

TITLE ☒ Change ☐ Addition
NAME **MGRM**
STREET ADDRESS **MATHEWS, CHARLES A., TRUSTEE**
CITY-ST-ZIP **30 CLUB COURT**
HAINES CITY, FL 33844

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

TITLE ☐ Change ☐ Addition
NAME **700004083987-3**
STREET ADDRESS **-04/27/01--01027--013**
CITY-ST-ZIP *******50.00 *****50.00**

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

TITLE ☐ 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: *Edward D. Mathews* **EDWARD D. MATHEWS** **4/16/01** **(863)294-9336**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)