

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019394 AF

DOCUMENT # L97000000249

1. Entity Name

MATHEWS HAINES CITY INVESTMENTS, L.C.

FILED

2001 APR 20 AM 11:20

DIVISION OF CORPORATIONS  
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

4. FEI Number

59-3500711

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

MATHEWS, EDWARD D  
30 CLUB CT  
HAINES CITY FL 33844

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, EDWARD D. MATHEWS, TRUSTEE 4/16/01  
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	MGRM MATHEWS, EDWARD D 30 CLUB CT HAINES CITY FL 33844	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHEWS, CHARLES A 30 CLUB CT HAINES CITY FL 33844	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHEWS, EDWARD D., TRUSTEE 30 CLUB COURT HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHEWS, CHARLES A., TRUSTEE 30 CLUB COURT HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 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)