

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90002 008 ****50.00

DOCUMENT # L97000000249

1. Entity Name

MATHEWS HAINES CITY INVESTMENTS, L.C.

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

3843 W. LAKE HAMILTON DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

City & State

4. FEI Number

59-3500711

Applied For

Not Applicable

Zip

Country

33881-8223

USA

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 TRUSTEE
GRANTOR RETAINED ANNUITY TRUST
30 CLUB CT
HAINES CITY FL 33844**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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: Charles A. Mathews

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

4/11/02 (863)294-9336

Date

Daytime Phone #

CR2E083 (9/01)