

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000250

1. Entity Name
MATHEWS FT. PIERCE INVESTMENTS, L.C.

FILED

01 APR 20 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 59-3500713

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: 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)