

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 26 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MIM

DOCUMENT # L97000000252

1. Entity Name

MATHEWS FLORIDA INVESTMENTS, L.C.

Principal Place of Business

30 CLUB CT
HAINES CITY FL 33844

Mailing Address

30 CLUB CT
HAINES CITY FL 33844-9712

2. Principal Place of Business

1000 U.S. 27 N.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 438

Suite, Apt. #, etc.

City & State

HAINES CITY, FL

City & State

HAINES CITY, FL

Zip

33844

Country

USA

Zip

33845-0438

Country

USA

4. FEI Number

59-3500718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATHEWS, EDWARD D
30 CLUB CT
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

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

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP
000003244960--5
-05/09/00--01098--002
*****50.00 *****50.00

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

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/19/00
Date

(863)294-9336
Daytime Phone #

CR2E083 (9/99)