

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000000345

1. Entity Name

MATTHEWS-DEYOUNG, L.C.

00 APR 18 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

U.S. HIGHWAY 27 SOUTH
LAKE HAMILTON FL 33851

Mailing Address

P.O. BOX 616
LAKE HAMILTON FL 33851-0616



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3564133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, LAWRENCE C JR.
659 AVENUE A, N.W.
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name Matthews, Thomas W., Mgr.
Street Address (P.O. Box Number is Not Acceptable)
823 US 27 South
PO Box 616
City Lake Hamilton, FL Zip Code 33851

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

Tom Matthews, Mgr.

4.7.00

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGR ☐ Delete
NAME MATTHEWS, THOMAS W
STREET ADDRESS P.O. BOX 616
CITY-ST-ZIP LAKE HAMILTON FL 33851

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Tom Matthews, MGR

4.7.00

863.439.5075

CR2E083 (9/99)