

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019298 AF

**DOCUMENT #** L99000006432  
**1. Entity Name**  
 MSD-MATTIE, L.L.C.

**FILED**  
 01 JUN 27 AM 8:47  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**      **Mailing Address**  
 549 POPE AVENUE, N.W.      549 POPE AVENUE, N.W.  
 WINTER HAVEN FL 33881      WINTER HAVEN FL 33881

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**

**Zip**      **Country**      **Zip**      **Country**

**4. FEI Number** 59-3614214      **Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CLARK, RONALD L  
 4740 CLEVELAND HEIGHTS BLVD.  
 LAKELAND FL 33807

**7. Name and Address of New Registered Agent**  
**Name** MARK E. Schreiber  
**Street Address (P.O. Box Number is Not Acceptable)**  
 549 POPE AVE. N.W.  
**City** WINTER HAVEN      **FL**      **Zip Code** 33881

**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** **President**      **Date** 6/20/01  
Signature, typed or printed name of registered agent and title of agent (NO. of Registered Agent signature required when reinstating)

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

**9. MANAGING MEMBERS / MEMBERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	SCHREIBER, MARK E	549 POPE AVENUE, N.W.	WINTER HAVEN FL 33881	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS / CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:**      **Date** 6/20/01      **Daytime Phone #** 863-291-0731

CR2E083 (11/00)