

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N93000002336**

1. Entity Name

MATLACK SPECIALIZED-CREATIVE MINISTRIES CORP.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90210 026 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

PO BOX 5216
HUDSON FL 34667
US

P.O. BOX 5216
HUDSON FL 34674-5216

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3252705

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWARD, DAVID
4235 AMBER RIDGE LN
VALRICO FL 33594

V-D VICE

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **RICKETSON, ROBERT M SR.**
STREET ADDRESS **8104 VALLEY STREAM LANE**
CITY-ST-ZIP **BAYONET PT. FL 34667**

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

TITLE **VD** ☐ Delete
NAME **WOEHR, JACK**
STREET ADDRESS **10811 UNION DR.**
CITY-ST-ZIP **PORT RICHEY FL**

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

TITLE **TD** ☐ Delete
NAME **ROTHMEIER, CHARLOTTE L**
STREET ADDRESS **7535 ANDREWS AVE.**
CITY-ST-ZIP **HUDSON FL**

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

TITLE **SD** ☐ Delete
NAME **HILL, CHERRY**
STREET ADDRESS **P.O. BOX 5216 NA**
CITY-ST-ZIP **HUDSON FL**

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

TITLE **D** ☐ Delete
NAME **EDDY, WALTER B**
STREET ADDRESS **7625 JUDITH CRESCENT**
CITY-ST-ZIP **PORT RICHEY FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **P. ROBERT M. RICKETSON SR.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH-24-2000-727-868-4405
Date Daytime Phone #

CR2E037 (9/99)