

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002336

1. Entity Name

MATLACK SPECIALIZED-CREATIVE MINISTRIES CORP.

Principal Place of Business

PO BOX 5216  
HUDSON FL 34667  
US

Mailing Address

P.O. BOX 5216  
HUDSON FL 34674 ← SAME

2. Principal Place of Business

7537 Audred Street  
Suite, Apt. #, etc. Hudson Fl.  
34667.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3252705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOWARD, DAVID  
4235 AMBER RIDGE LN  
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name: Matlack Specialized Creative Ministries  
Street Address (P.O. Box Number is Not Acceptable): Same as above Corp.  
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

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

TITLE: VD ☐ Delete  
NAME: WOEH, JACK Passed away  
STREET ADDRESS: 10811 UNION DR.  
CITY-ST-ZIP: PORT RICHEY FL PR.

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

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

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

TITLE: SAME ☐ Delete  
NAME: Robert Rickatson Sr.  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP:

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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: Robert M. Rickatson Sr. 2001 March 23, 727-868-4405.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Mar 28, 2001 8:00 am  
Secretary of State

03-28-2001 90213 035 \*\*\*\*75.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)