

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000927

1. Entity Name

MOUNT DORA OAKS, INC.

Principal Place of Business

2033 W OLD HWY #441
MOUNT DORA FL 32757
US

Mailing Address

P.O. BOX 525
MOUNT DORA FL 32756
US

2. Principal Place of Business

21405 Wolf Branch Road
Mount Dora, FL 32757

3. Mailing Address

21405 Wolf Branch Road
Mount Dora, FL 32757

4. FEI Number

59-3501784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PULLUM, MARYBETH L
1330 W. CITIZENS BLVD., STE. 701
LEESBURG FL

7. Name and Address of New Registered Agent

Name

Street Address

City

21405 Wolf Branch Road
Mount Dora, FL 32757

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 NAME ☐ Delete

DPST
MATSCHE, JOHN J
2033 W OLD HWY 441
MOUNT DORA FL 32757

TITLE NAME ☐ Delete

D
HANSON, JEAN M
32275 LAKESHORE DRIVE
TAVARES FL 32778

TITLE NAME ☐ Delete

D
MATSCHE, BETTY KEMP
2033 W OLD HWY 441
MOUNT DORA FL 32757

TITLE NAME ☒ Delete

V.
MATSCHE, JOHN J
2033 W OLD HWY 441
MOUNT DORA FL 32757

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition

21405 WOLF BRANCH ROAD
MOUNT DORA, FL 32757

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition

21405 WOLF BRANCH ROAD
MOUNT DORA, FL 32757

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

8/5/2001

352343-3592

FILED
Aug 10, 2001 8:00 am
Secretary of State

08-10-2001 90003 019 ****61.25

00000101



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)