**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2001 8:00 am DOCUMENT # P0000030592 **Secretary of State** 1. Entity Name RICK MATTHEWS PROPERTIES CORP. 01-30-2001 90077 019 \*\*\*150.00 Principal Place of Business Mailing Address 9585 BAREFOOT TRAIL 9585 BAREFOOT TRAIL WEEKI WACHEE FL 34613 WEEKI WACHEE FL 34613 2. Principal Place of Business 15164 Cortez Boulevard 3. Mailing Address 15164 Cortez Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For Brooksville, Florida 59-3633467 Brooksville, Florida Not Applicable Country Country <sup>Zip</sup>34613 \$8.75 Additional 34613 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Charles R. Matthews LITTLE, MICHAEL G Street Address (P.O. Box Number is Not Acceptable) 911 CHESTNUT STREET 15164 Cortez Boulevard **CLEARWATER FL 33756** Zip Code Brooksville 34613 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change TITLE PSTD ☐ Delete TITLE ☐ Addition Charles R. Matthews NAME NAME 15164 Cortez Boulevard STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Brooksville, FL 34613 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITI F ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T(T) F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date:

D