

# 2000 UNIFORM BUSINESS REPORT (UBR)

0052777

DOCUMENT # P98000004667

1. Entity Name

MATTOX MANAGEMENT & REALTY, INC.

FILED

00 APR 25 AM 8:39

Principal Place of Business

2424 WREN HOLLOW DRIVE  
TALLAHASSEE FL 32303

Mailing Address

2424 WREN HOLLOW DRIVE  
TALLAHASSEE FL 32303-5211

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

603 Glenview Dr.  
Suite, Apt. #, etc.

3. Mailing Address

603 Glenview Dr.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-3486878

Applied For

Not Applicable

Zip

Country

32303 US

Zip

Country

32303 US

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

MATTOX, STEVE M  
2424 WREN HOLLOW DRIVE  
TALLAHASSEE FL 32303

Name  
Mattox, Steve M.  
Street Address (P.O. Box Number is Not Acceptable)  
603 Glenview Dr.

City Tallahassee FL Zip Code 32303

8. The above named entity permits 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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
MATTOX, STEVE M  
2424 WREN HOLLOW DRIVE  
TALLAHASSEE FL 32303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
Mattox, Steve M.  
603 Glenview Dr.  
Tallahassee FL 32303 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

Daytime Phone #

CR2E034 (9/99)