

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039759

1. Entity Name
MATANZAS ENTERPRISES, INC.

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90038 027 ***150.00

Principal Place of Business
OLD KINGS COMMONS #1
7 OLD KINGS ROAD NORTH
PALM COAST FL 32137

Mailing Address
OLD KINGS COMMONS #1
7 OLD KINGS ROAD NORTH
PALM COAST FL 32137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3509044

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

GALLAGHER, JAMES J
44 LEAVER DR
PALM COAST FL 32137

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

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, 2002 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 PD
NAME GALLAGHER, JAMES J
STREET ADDRESS 44 LEAVER DR
CITY-ST-ZIP PALM COAST FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **TREASURER + PRESIDENT** ☒ Change ☐ Addition

TITLE VPD
NAME BONNER, RAYMOND D II
STREET ADDRESS 1 LAKE PLACID LA
CITY-ST-ZIP PALM COAST FL ☒ Delete

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

TITLE SD
NAME BONNER, DEBORAH E
STREET ADDRESS 1 LAKE PLACID LA
CITY-ST-ZIP PALM COAST FL 32137 ☒ Delete

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

TITLE TD
NAME GALLAGHER, SHARON K
STREET ADDRESS 44 LEAVER DR
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **VICE-PRES + SECRETARY** ☒ 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

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:

James J. Gallagher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES J. GALLAGHER, PRES

Date

Daytime Phone #

356.447-3822

CR2E034 (9/01)