

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90430 036 \*\*\*150.00

**DOCUMENT # P98000100825**

1. Entity Name

**MATTHEWS & LAMBRECHT, P.A.**

Principal Place of Business

Mailing Address

6220 MANATEE AVE W STE 404  
 BRADENTON FL 34209

6220 MANATEE AVE W STE 404  
 BRADENTON FL 34209-2363

2. Principal Place of Business

1720 Manatee Ave. W.

3. Mailing Address

1720 Manatee Ave. W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Bradenton, FL

City & State  
 Bradenton, FL

4. FEI Number

65-0881524

Applied For

Not Applicable

Zip  
 34205

Country  
 USA

Zip  
 34205

Country  
 USA

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

MATTHEWS, D T  
 6220 MANATEE AVE W STE 404  
 BRADENTON FL 34209

Name

Lambrecht, Margaret P.

Street Address (P.O. Box Number is Not Acceptable)

1720 Manatee Avenue West

City Bradenton

FL

Zip Code

34205

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

Margaret P. Lambrecht

4/27/00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D. Turner Matthews 1720 Manatee Avenue W Bradenton, FL 34205 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Margaret P. Lambrecht 1720 Manatee Avenue West Bradenton, FL 34205 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Margaret P. Lambrecht 4/27/00 941-794-8722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

Date

Daytime Phone #

CR2E034 (9/99)