

2000 UNIFORM BUSINESS REPORT (UBR)

0514028

DOCUMENT # P99000059975

1. Entity Name

MATTHEW-MAXWELL REALTY & ASSOCIATES, INC.

FILED

00 FEB 14 AM 8:43

Principal Place of Business

13177 SPRING HILL DRIVE
SPRING HILL FL 33601

Mailing Address

13177 SPRING HILL DRIVE
SPRING HILL FL 34609-5063

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

5330 Spring Hill Drive

3. Mailing Address

5330 Spring Hill Drive

Suite, Apt. #, etc.

C

Suite, Apt. #, etc.

C

City & State

Spring Hill, Florida

City & State

Spring Hill, Florida

4. FEI Number

59-3586163

Applied For

Not Applicable

Zip

34609

Country

USA

Zip

34609

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CONATY, MARY ANN
12740 CONATY ROAD
SPRING HILL FL 34610

7. Name and Address of New Registered Agent

Name

Steven A. Cohn

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

3627 West Waters Avenue

Suite 800

City

Tampa

FL

Zip Code
33614

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 2/9/00

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

TITLE ☐ Delete
NAME President
STREET ADDRESS Corey G. Brower
CITY-ST-ZIP 3627 West Waters Ave., Suite 800
Tampa, Florida 33614

TITLE ☐ Delete
NAME Vice President
STREET ADDRESS Mary Ann Conaty
CITY-ST-ZIP 5330 Spring Hill Dr., C
Spring Hill, Florida 34609

TITLE ☐ Delete
NAME Secretary
STREET ADDRESS Steven A. Cohn
CITY-ST-ZIP 3627 West Waters Ave., Suite 800
Tampa, Florida 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000003170330--9
-03/15/00--01009--004
****150.00 ****150.00

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(j), 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

2/9/00

Date

813-387-5400

Daytime Phone #

CR2E034 (9/99)