

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90101 017 ****61.25

DOCUMENT # N96000005206

1. Entity Name

CANON H. BAXTER LIEBLER FOUNDATION, INC.

Principal Place of Business

6510 S.W. 93 AVENUE
 MIAMI FL 33173

Mailing Address

6510 S.W. 93 AVENUE
 MIAMI FL 33173-2349

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1542730

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILIAN, DAVID P ESQ.
2800 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131-2335

7. Name and Address of New Registered Agent

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LIEBLER, ROBERT F	
STREET ADDRESS	6510 S.W. 93 AVENUE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LIEBLER, JANICE R	
STREET ADDRESS	6510 S.W. 93 AVENUE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILIAN, DAVID P	
STREET ADDRESS	200 S. BISCAYNE BLVD., #2800	
CITY-ST-ZIP	MIAMI FL 33131-2335	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEBLER, MATTHEW B	
STREET ADDRESS	1017 MERCHANTS WAY, APT. 2-B	
CITY-ST-ZIP	CHESAPEAKE VA 23320	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACDONNELL, WALTER E	
STREET ADDRESS	8440 SW 48 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BODE, MARTHA	
STREET ADDRESS	3425 NW 3RD ST	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an officer like empowered.

SIGNATURE: **SATU REOURBES F. Liebler**

April 24, 2000 305-274-9251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)