

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 640629

1. Entity Name  
LIBERTY LAND CORP.

FILED  
Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90171 037 \*\*\*150.00

Principal Place of Business

30587 OVERSEAS HWY  
BIG PINE KEY FL 33043-6630  
US

Mailing Address

313 6TH ST  
ALPENA ME 49707

2. Principal Place of Business

3. Mailing Address

4231 N.W. 154th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Chiefland, FLORIDA

Zip

Country

Zip

Country

32626

US

4. FEI Number 65-0131640

Applied For

Not Applicable

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

SMITH, GARY V. ESQUIRE  
230 NW 7 STREET  
MIAMI FL 33125

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, 2001 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 PATRICIA L RICARD  
STREET ADDRESS 313 6TH ST  
CITY-ST-ZIP ALPENA MI 49707 ☐ Delete

TITLE PD  
NAME PATRICIA L RICARD  
STREET ADDRESS 4231 NW 154th AVE  
CITY-ST-ZIP Chiefland, FL 32626 ☒ 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  
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  
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: Patricia L. Ricard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA L. RICARD 4-17-01 352 493 2710

Date

Daytime Phone #

CR2E034 (10/00)