

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000891

1. Entity Name

LIBERTY PRODUCTIONS OF NAPLES, INC.

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90090 031 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 573  
HAILEY ID 83333

636 ANCHOR RODE DR  
NAPLES FL 34103-2718  
US

2. Principal Place of Business

3. Mailing Address

205 LOS AGUAJES  
Suite, Apt. #, etc.

205 LOS AGUAJES  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

SANTA BARBARA, CA

SANTA BARBARA, CA

Zip  
93101

Country  
USA

Zip  
93101

Country  
USA

4. FEI Number 82-0308262

Applied For  
Not Applied For

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

FOARD, DESIRE  
636 ANCHOR RODE DR  
#201  
NAPLES FL 34103

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, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDC  
CARSON, JOHN  
821 5TH AVE., S.  
NAPLES FL 34102 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JOHN CARSON  
205 LOS AGUAJES APT. A  
SANTA BARBARA, CA 93101 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
BYE, KARON  
821 5TH AVE., S.  
NAPLES FL 34102 ☐ 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  
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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:

*John Carson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/00  
Date

805-568-1101  
Daytime Phone #