

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005060

1. Entity Name

~~LIBERTY SYSTEMS, INC.~~ Resaleworld.com, Inc.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90348 034 \*\*\*150.00

Principal Place of Business

906 N PINE HILLS RD  
ORLANDO FL 32808  
US

Mailing Address

906 N PINE HILLS RD  
ORLANDO FL 32808-7247  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

800 Washington Ave. N.

Suite, Apt. #, etc.

Suite 200

City & State

Minneapolis, MN

Zip

55401

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

41-1783839

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

DIRUZZA, EDMOND  
8449 ISLAND PALM CIRCLE  
ORLANDO FL 32835

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	CPST	<input type="checkbox"/> Delete
NAME	DAVIES, ED	
STREET ADDRESS	906 N PINE HILLS RD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VCV	<input type="checkbox"/> Delete
NAME	DIRUZZA, EDMOND	
STREET ADDRESS	906 N PINE HILLS RD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 Washington Ave. N. Suite 200	
CITY-ST-ZIP	Minneapolis, MN 55401	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PCT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eric Beringhouse	
STREET ADDRESS	800 Washington Ave. N. Suite 200	
CITY-ST-ZIP	Minneapolis, MN 55401	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ken Cutler	
STREET ADDRESS	800 Washington Ave. N. Suite 200	
CITY-ST-ZIP	Minneapolis, MN 55401	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don Beckwith	
STREET ADDRESS	800 Washington Ave. N. Suite 200	
CITY-ST-ZIP	Minneapolis, MN 55401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

Daytime Phone #

CR2E034 (9/99)