

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001897

1. Entity Name

LIBERTY ENTERPRISES MINNESOTA, INC.

FILED

Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90208 049 \*\*\*150.00

Principal Place of Business

Mailing Address

2222 WOODALE DRIVE  
MOUNDS VIEW MN 55112

2222 WOODALE DRIVE  
MOUNDS VIEW MN 55112-4900

2. Principal Place of Business

3. Mailing Address

5267 Program Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

mounds view mn

Zip

Country

Zip

Country

55112

4. FEI Number

41-1892753

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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  
CEOP  
ANDERSON, ROBERT D  
2720 ARTHUR STREET  
ROSEVILLE MN 55113 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
PROVENZANO, MICHAEL J  
2720 ARTHUR STREET  
ROSEVILLE MN 55113 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
MERICKEL, HARRY  
2720 ARTHUR STREET  
ROSEVILLE MN 55113 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
ANNETT, PAUL  
2720 ARTHUR STREET  
ROSEVILLE MN 55113 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SWEBER, CLAUDIA  
2720 ARTHUR STREET  
ROSEVILLE MN 55113 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
STEINBERG, LEON J  
2720 ARTHUR STREET  
ROSEVILLE MN 55113 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00

651-1004-5380

CR2E034 (9/99)