

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H09100

1. Entity Name

LIBCO OF FLORIDA, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90018 039 ***550.00

Principal Place of Business

P. O. BOX 789
GREENVILLE SC 29602

Mailing Address

P. O. BOX 789
GREENVILLE SC 29602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 57-0783469

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

A0071712



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COMMANDER, CHARLES E.
200 LAURA ST
JACKSONVILLE FL 32202

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
DP	COLEMAN, ROBERT T III	2000 WADE HAMPTON BLVD.	GREENVILLE SC 29615	<input type="checkbox"/>
P	SUMEREL, RICHARD H.	2000 WADE HAMPTON BLVD.	GREENVILLE SC	<input checked="" type="checkbox"/>
S	WILLIAMS, MARTHA G	2000 WADE HAMPTON BLVD	GREENVILLE SC 29615	<input type="checkbox"/>
CD	COLEMAN, ROBERT T III	2000 WADE HAMPTON BLVD	GREENVILLE SC 29615	<input type="checkbox"/>
T	VINSON, G. M	2000 WADE HAMPTON RD.	GREENVILLE SC	<input type="checkbox"/>
AT	MARTHA R. RAINEY	2000 WADE HAMPTON BLVD	GREENVILLE SC	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

8-1-00
Date

864-609-3646
Daytime Phone #

CR2E034 (5/00)