

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-15-2002 90134 021 ****50.00

DOCUMENT # L01000018932

1. Entity Name

LIBERTY TOWN HOMES, LLC

Principal Place of Business

Mailing Address

**2248 FIRST STREET
FT. MYERS FL 33901**~~2248 FIRST STREET~~
FT. MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Fort Myers FL**33906****USA**

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINESETT, RICHARD W
2248 FIRST STREET
FT. MYERS FL 33901**

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

Member ☐ Delete
Kimberly A. Hoschar
4115 Prestwick Court
North Ft Myers FL 33903

TITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Kimberly A. Hoschar** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/02 (941) 997-8802

CR2E083 (9/01)