

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94305

1. Entity Name

THREE GENERATIONS, INC.

Principal Place of Business

~~200 WILLARD ST STE 2F~~

~~COCOA FL 32922~~

US

Mailing Address

~~P.O. BOX 540006~~

~~MERRITT ISLAND FL 32954-0006~~

US

2. Principal Place of Business

547 Fort Island, Tr.

3. Mailing Address

P.O. Box 781

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRYSTAL River, FL

City & State

CRYSTAL River, FL.

Zip

Country

34429 US

Zip

Country

34423 US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIEBERMAN, RONALD

7010 ACKERMAN AVE

COCOA FL 32927

Name

LIEBERMAN, RONALD

Street Address (P.O. Box Number is Not Acceptable)

9 Pine Drive

City

HOMOSASSA

FL

Zip Code

34448

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

*Ronald Lieberman* (RONALD LIEBERMAN)

03-15-2000

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 DPT  
NAME LIEBERMAN, RONALD  
STREET ADDRESS 7010 ACKERMAN AVE  
CITY-ST-ZIP COCOA FL 32927 ☒ Delete

TITLE DPT  
NAME LIEBERMAN, RONALD  
STREET ADDRESS 9 Pine Drive  
CITY-ST-ZIP Homosassa, FL. 34448 ☒ Change ☐ Addition

TITLE DS  
NAME LIEBERMAN, HELENA  
STREET ADDRESS 7010 ACKERMAN AVE  
CITY-ST-ZIP COCOA FL 32927 ☒ Delete

TITLE DS  
NAME LIEBERMAN, HELENA  
STREET ADDRESS 9 Pine Drive  
CITY-ST-ZIP Homosassa, FL 34448 ☒ Change ☐ Addition

TITLE VP  
NAME LIEBERMAN, COLIN  
STREET ADDRESS 7010 ACKERMAN AVE  
CITY-ST-ZIP COCOA FL 32927 ☒ 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  
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:

*Ronald Lieberman* (RONALD LIEBERMAN), Pres.

03-15-2000

352-795-1599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)