

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007971

1. Entity Name

LIBERTY DEVELOPMENT, LLC

Principal Place of Business

5051 CASTELLO DRIVE, SUITE 224  
NAPLES FL 34103

Mailing Address

5051 CASTELLO DRIVE, SUITE 224  
NAPLES FL 34103

2. Principal Place of Business

3055 TERRAMAR DR

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Zip

34119

Country

USA  
COLLIER

Zip

Country

4. FEI Number

59-3615596

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, LISA H  
% CHEFFY PASSIDOMO WILSON & JOHNSON  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

PETER BOURASSA

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

3055 TERRAMAR DR

City

NAPLES

FL

Zip Code

34119

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE PETER BOURASSA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/12/2002

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MEM	<input type="checkbox"/> Delete
NAME	BOURASSA, PETER	
STREET ADDRESS	3055 TERRAMAR DRIVE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	SCHEINHOLZ, ARTHUR	
STREET ADDRESS	3055 TERRAMAR DRIVE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	DARER, ENRIQUE	
STREET ADDRESS	3055 TERRAMAR DRIVE	
CITY-ST-ZIP	NAPLES FL 34119	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (4/02)

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 609, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #