2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90043 021 ****61.25

DOCUMENT # N35920

1. Entity Name

LIBERTY COUNSEL, INC.

Principal Place of Business	Mailing Address
%MATHEW D. STAVER P O BOX 540774 ORLANDO FL 32854	%MATHEW D. STAVER P O BOX 540774 ORLANDO FL 32854-0774

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
210 E PALMETTO AVE	PO BOX 540774
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LONGWOOD FL	City & State: ORLANDO FL
Zip: 32750 Country: USA	Zip: 32854-0774 Country: USA

4. FEI Number: 59-2986294 ☐ 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
STAVER, MATHEW D ~~1900 SUMMIT TOWER BLVD #540~~ ~~STE 540~~ ~~ORLANDO 32810~~ 210 E PALMETTO	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: MATHEW D. STAVER 4/29/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STAVER, MATHEW D. 116 HAMLIN T LANE ALTAMONTE SPGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER MILDRED S. COOKE PO BOX 606477 ORL FL 32860-8477	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MGGUIRE, CANDY 2259-A COACH HOUSE BLVD. ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BUSH, PEGGY 403 S. CUMBERLAND AVE. OCOEE FL	☒ 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

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILDRED S. COOKE QUITE Mildred S. Cooke 4/29 407-875-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #