

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 02, 2001 8:00 am
Secretary of State

05-12-2001 90034 023 ****61.25

DOCUMENT # **N 35920**

1. Entity Name

Liberty Counsel, Inc

Principal Place of Business

Mailing Address

Matthew D. Staver
210 E Palmetto Ave
Longwood FL 32750

Matthew D. Staver
SAME

2. Principal Place of Business

210 E Palmetto Ave

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Zip Country

32750 USA

Country

32750

USA

4. FEI Number

59-2886294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIBERTY COUNSEL Matthew D Staver
210 E Palmetto Ave
Longwood FL 32750

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

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 ☐ Delete
NAME **PD Staver, Matthew D.**
STREET ADDRESS **116 Hamlin Lane**
CITY-ST-ZIP **Altamonte Springs FL 32714**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD McGuire, Candy**
STREET ADDRESS **22519 Coach House Blvd**
CITY-ST-ZIP **Orlando FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD Cooke, Midred S.**
STREET ADDRESS **P.O. Box 608477**
CITY-ST-ZIP **Orlando FL 32860-8477**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information submitted 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 full name, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01

407-875-2100

CR2E037 (1/1/00)