

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45187

1. Entity Name

LIBERTY SINGERS, INC.

Principal Place of Business

1601 W. MARION AVENUE  
SUITE 106  
PUNTA GORDA FL 33950  
US

Mailing Address

DONNA L GOFF  
PO BOX 510673  
PUNTA GORDA FL 33951-0673  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0362932

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

LANG, WRETHA  
38492 WASHINGTON LOOP ROAD  
PUNTA GORDA FL 33982

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	D	<input checked="" type="checkbox"/> Delete
NAME	MAEL, MARGARET	
STREET ADDRESS	23094 WOTH AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAEL, JEFFREY	
STREET ADDRESS	23094 WORTH AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GOFF, DONNA	
STREET ADDRESS	POST OFFICE BOX 1235	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARX, DAWN	
STREET ADDRESS	21224 BASSETT AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TEZA, JEANETTE M	
STREET ADDRESS	1181 DEWHURST STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HAZELTINE, BECKY	
STREET ADDRESS	20456 VAN GUARD TERR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mael, Margaret	
STREET ADDRESS	23094 Worth Ave.	
CITY-ST-ZIP	Port Charlotte, FL 33954	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mael, Jeffrey	
STREET ADDRESS	23094 Worth Ave.	
CITY-ST-ZIP	Port Charlotte, FL 33954	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goff, Donna	
STREET ADDRESS	Post Office Box 1235	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheehan, Margie	
STREET ADDRESS	P.O. Box 8061	
CITY-ST-ZIP	Port Charlotte, FL 33949-8061	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Jeffrey A. Mael* 4/22/00 941-627-4735  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90138 039 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)