

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005182

1. Entity Name

WORLD LIBERTY FOUNDATION INC.

Principal Place of Business

4777 GABRIELLA LANE
OVIEDO FL 32765

Mailing Address

P.O. BOX 159
GOLDENROD FL 32733-0159

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABBOTT, WILLIAM H.
4777 GABRIELLA LANE
OVIEDO FL 32765

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

4/14/2000

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	ABBOTT, WILLIAM H.	
STREET ADDRESS	479 N. DIXIE AVE.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	T/S	<input type="checkbox"/> Delete
NAME	ABBOTT, BERNICE	
STREET ADDRESS	4777 GABRIELLA LA.	
CITY-ST-ZIP	OVEIDO FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TESTON, LINTON	
STREET ADDRESS	721 22ND ST.	
CITY-ST-ZIP	ORLANDO FL	
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	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William H. Abbott	
STREET ADDRESS	4777 Gabriella Lane	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernice Abbott	
STREET ADDRESS	4777 Gabriella Lane	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Sutton	
STREET ADDRESS	479 N. Dixie Ave. P.O. Box 1868	
CITY-ST-ZIP	Titusville, FL 32781	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delorse Manning	
STREET ADDRESS	721 22nd St.	
CITY-ST-ZIP	Orlando, FL 32805	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joy Sutton	
STREET ADDRESS	479 N. Dixie Ave.	
CITY-ST-ZIP	Titusville, FL 32796	
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: William H. Abbott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000

Date

Daytime Phone #

(407) 671-7376

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90018 009 ****70.00



DO NOT WRITE IN THIS SPACE