

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000005182**

1. Entity Name

WORLD LIBERTY FOUNDATION INC.**FILED**
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90239 034 ****61.25

Principal Place of Business

Mailing Address

**4777 GABRIELLA LANE
OVIEDO FL 32765****P.O. BOX 159
GOLDENROD FL 32773****00060017**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3291992

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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

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

TITLE	DC	<input type="checkbox"/> Delete
NAME	ABBOTT, WILLIAM H	
STREET ADDRESS	4777 GABRIELLA LANE	
CITY-ST-ZIP	OVIEDO FL 32765	

TITLE	TS	<input type="checkbox"/> Delete
NAME	ABBOTT, BERNICE	
STREET ADDRESS	4777 GABRIELLA LA.	
CITY-ST-ZIP	OVIEDO FL 32765	

TITLE	T	<input type="checkbox"/> Delete
NAME	SUTTON, DAVID	
STREET ADDRESS	479 N DIXIE AVE. PO BOX 1868	
CITY-ST-ZIP	TITUSVILLE FL 32781	

TITLE	T	<input type="checkbox"/> Delete
NAME	MANNING, DELORSE	
STREET ADDRESS	721 22ND ST	
CITY-ST-ZIP	ORLANDO FL 32805	

TITLE	T	<input type="checkbox"/> Delete
NAME	SUTTON, JOY	
STREET ADDRESS	479 N DIXIE AVE	
CITY-ST-ZIP	TITUSVILLE FL 32796	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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CITY-ST-ZIP		

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 another like empowered.

SIGNATURE

SIGNATURE

CR2E037 (10/00)