

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/5

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90102 031 \*\*\*\*61.25

**DOCUMENT # N98000001582**

1. Entity Name

**FORT LIBERTY PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

**8445 INTERNATIONAL DRIVE  
 SUITE 138  
 ORLANDO FL 32819**

Mailing Address

**8445 INTERNATIONAL DRIVE  
 SUITE 138  
 ORLANDO FL 32819-3340**

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

DO NOT WRITE IN THIS SPACE  
**88-0385292**

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PIERCY, TYLER  
 8445 INTERNATIONAL DRIVE  
 SUITE 138  
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name **SUE WADE**

Street Address (P.O. Box Number is Not Acceptable)

**8445 INTERNATIONAL DR # 138**

City **ORLANDO**

FL

Zip Code **32819**

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 **D** ☐ Delete  
 NAME **O'RIORDAN, GERARD**  
 STREET ADDRESS **8445 INTERNATIONAL DRIVE SUITE 138**  
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **D** ☐ Delete  
 NAME **PIERCY, TYLER**  
 STREET ADDRESS **8445 INTERNATIONAL DRIVE SUITE 138**  
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **D** ☒ Delete  
 NAME **HOPE, DAVID**  
 STREET ADDRESS **4625 W. NEVSO**  
 CITY-ST-ZIP **LAS VEGAS NV 89103**

TITLE **D** ☐ Delete  
 NAME **GROBL, CHRIS**  
 STREET ADDRESS **4625 W. NEVSO**  
 CITY-ST-ZIP **LAS VEGAS NV 89103**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **D** ☒ Change ☐ Addition  
 NAME **JOHN W. STUART**  
 STREET ADDRESS **4625 W. NEVSO**  
 CITY-ST-ZIP **LAS VEGAS, NV 89103**

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

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

TITLE ☐ Change ☐ 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:

**SIGNATURE RECHIREGROBL, DIRECTOR**

**01/24/00**

**(702) 253-1333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #