

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005242

1. Entity Name

LIBERTY COUNTY SPORTS, INC.

Principal Place of Business

P.O. BOX 95
BRISTOL FL 32321

Mailing Address

P.O. BOX 95
BRISTOL FL 32321

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

59-3532935

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

COOK, STEVE
RT. 3 BOX 24X HWY 20
BRISTOL FL 32321

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 D
STREET ADDRESS COOK, STEVE P
CITY-ST-ZIP RT 3 BOX 24X
BRISTOL FL 32321

TITLE ☐ Change ☒ Addition
NAME Treasurer
STREET ADDRESS Celeste N. Davidson
CITY-ST-ZIP PO Box 280
Bristol, FL 32321

TITLE ☐ Delete
NAME D
STREET ADDRESS TAYLOR, JAY VP
CITY-ST-ZIP RT 1 BOX 101
BRISTOL FL 32321

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BEARD, JERRY VP
CITY-ST-ZIP RT 1 BOX 35C
HOSFORD FL 32334

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

TITLE ☐ Delete
NAME P
STREET ADDRESS REVELL, JEANIE S
CITY-ST-ZIP RT 1 BOX 228E
BRISTOL FL 32321

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: Steve Cook **SIGNATURE REQUIRED**

1-17-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0081526



DO NOT WRITE IN THIS SPACE