

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90080 041 \*\*\*\*61.25

**DOCUMENT # N98000007095**

1. Entity Name

**THE STEFANIE LIBERTI MEMORIAL SCHOLARSHIP FUND,**

Principal Place of Business

1200 S CONGRESS AVE  
 WEST PALM BEACH FL 33406

Mailing Address

1200 S CONGRESS AVE  
 WEST PALM BEACH FL 33406-5117

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

31-1644451

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LIBERTI, HUGO**  
**3650 EDGAR AVE**  
**BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

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

*Hugo Liberti*

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

(NOTE: Registered Agent signature required when reinstating)

*3/27/2000*

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

TITLE: President ☐ Delete  
 NAME: Hugo Liberti  
 STREET ADDRESS: 3650 Edgar Ave.  
 CITY-ST-ZIP: Boynton Beach FL 33436

TITLE: Joseph Liberti (V.P.) ☐ Delete  
 NAME: Joseph Liberti (V.P.)  
 STREET ADDRESS: 3954 Edgar Ave.  
 CITY-ST-ZIP: Boynton Beach FL 33436

TITLE: Secretary ☐ Delete  
 NAME: Christine M. Liberti  
 STREET ADDRESS: 3650 Edgar Ave.  
 CITY-ST-ZIP: Boynton Beach FL 33436

TITLE: Treasurer ☐ Delete  
 NAME: Hugo Liberti  
 STREET ADDRESS: 3650 Edgar Ave.  
 CITY-ST-ZIP: Boynton Beach, FL 33436

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

*Hugo Liberti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/27/2000*

DATE

*561-965-1500 x13*

DAYTIME PHONE #

CR2E037 (9/99)