

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/3/

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91141 023 \*\*\*150.00

**DOCUMENT # P00000084344**

1. Entity Name  
**LIEBERMAN HOLDINGS, INC.**

Principal Place of Business  
**1929 SUMMER CLUB DR., STE. 113**  
**OVIEDO FL 32765**

Mailing Address  
**1929 SUMMER CLUB DR., STE. 113**  
**OVIEDO FL 32765**

2. Principal Place of Business  
**4074 CARDINAL GLEN PL**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4074 Cardinal Glen Pl**  
 Suite, Apt. #, etc.

City & State  
**OVIEDO FL**  
 Zip  
**32765** Country  
**SEMINOLE**

City & State  
**OVIEDO FL**  
 Zip  
**32765** Country  
**SEMINOLE**

4. FEJ Number  
**59-3680310**

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

**LIEBERMAN, TERRY L**  
**1929 SUMMER CLUB DR., STE. 113**  
**OVIEDO FL 32765**

Name  
**TERRY LIEBERMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**4074 Cardinal Glen PL**

City  
**OVIEDO** FL Zip Code  
**32765**

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]*

(NOTE: Registered Agent signature required when retreating)

DATE  
**1/15/2001**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VST	<input type="checkbox"/> Delete
NAME	LIEBERMAN, LAWRENCE S	
STREET ADDRESS	1929 SUMMER CLUB DR., STE. 113	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	P	<input type="checkbox"/> Delete
NAME	LIEBERMAN, TERRY	
STREET ADDRESS	1929 SUMMER CLUB DR., STE. 113	
CITY-ST-ZIP	OVIEDO FL 32765	
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	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE Lieberman	
STREET ADDRESS	4074 Cardinal Glen Pl	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY LIEBERMAN	
STREET ADDRESS	4074 Cardinal Glen PL	
CITY-ST-ZIP	OVIEDO FL 32765	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **LAWRENCE LIEBERMAN** **9776999**

(SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR)

Date Daytime Phone #

CR2E034 (10/00)