

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091156

1. Entity Name

LIBERTY ALF, INC.

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90158 025 \*\*\*158.75

Principal Place of Business

514 W JUNEAU ST  
TAMPA FL 33604

Mailing Address

514 W JUNEAU ST  
TAMPA FL 33604

2. Principal Place of Business

514 - W. JUNEAU ST.

Suite, Apt. #, etc.

N/A

City & State

TAMPA, FLORIDA

Zip

33604

Country

U. S.

3. Mailing Address

514 W. JUNEAU ST.

Suite, Apt. #, etc.

N/A

City & State

TAMPA, FLORIDA

Zip

33604

Country

U. S.



DO NOT WRITE IN THIS SPACE

4. FEJ Number

#59-3709182

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

BUTLER, CORAZON M  
514 W JUNEAU ST  
TAMPA FL 33604

Name

N/A

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

City

N/A

FL

Zip Code

N/A

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

Corazon M. Butler

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**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	D	<input type="checkbox"/> Delete
NAME	BUTLER, CORAZON M	
STREET ADDRESS	514 W JUNEAU ST	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEJESUS, HONESTO S	
STREET ADDRESS	514 W JUNEAU ST	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMSIM, CATHERINE	
STREET ADDRESS	633 47TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33613	
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		<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		
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:

Corazon M. Butler Sec./Treas  
Butler Registered Agent

4/13/01

Date

(813) 933-3398

Daytime Phone #

CR2E034 (10/00)