

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90044 043 ***150.00

0010667

DOCUMENT # P00000113551

1. Entity Name

LIBERTY RV & TRUCK, INC.

Principal Place of Business

**8237 GALGANO LANE
 SPRING HILL FL 34606**

Mailing Address

**8237 GALGANO LANE
 SPRING HILL FL 34606**

2. Principal Place of Business

**15926 US 19
 HUDSON FL**

3. Mailing Address

**15926 US 19
 HUDSON FL**



DO NOT WRITE IN THIS SPACE

City & State

34667 USA

City & State

**HUDSON FL
 34667 USA**

4. FEI Number

59-3686610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LEACH, CAROL
 8237 GALGANO LANE
 SPRING HILL FL 34606**

7. Name and Address of New Registered Agent

Name **CAROL LEACH**

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

8237 GALGANO LN

City **SPRING HILL**

FL

Zip Code **34606**

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

(NOTE: Registered Agent signature required when reinstating)

3-2-2001

DATE

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

TITLE **D** ☐ Delete
 NAME **LEACH, CAROL**
 STREET ADDRESS **8237 GALGANO LANE**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D** ☐ Delete
 NAME **LEACH, RONALD W**
 STREET ADDRESS **8237 GALGANO LANE**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D** ☐ Delete
 NAME **LEACH, RICHARD A**
 STREET ADDRESS **8100 GREENBRIER COURT**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D** ☐ Delete
 NAME **LEACH, ROBERT E**
 STREET ADDRESS **8237 GALGANO LANE**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: *Carol Leach* **CAROL LEACH** **3-2-01** **727-863-9995**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)