

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90775 001 \*\*\*300.00

**DOCUMENT # P01000048553**

1. Entity Name

**LIEBERMAN HOLDINGS OF CENTRAL FLORIDA, INC.**

Principal Place of Business

**4074 CARDINAL GLEN PL.  
 OVIEDO FL 32765**

Mailing Address

**4074 CARDINAL GLEN PL.  
 OVIEDO FL 32765**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**475 W. State Road 436**

Suite, Apt. #, etc.

3. Mailing Address

**475 W. State Rd 436**

Suite, Apt. #, etc.

City & State

**Altamonte Springs FL**

Zip

**32714**

Country

**Seminole**

City & State

**Altamonte Springs FL**

Zip

**32714**

Country

**Seminole**

4. FEI Number

**59-3730066**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITAKER, RICHARD E**

**3191 MAGUIRE BLVD., SUITE 160**

**ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

**LAWRENCE S 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

*Lawrence Lieberman*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/2/02**

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, 2002 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 ☐ Delete

**D LIEBERMAN, LAWRENCE S  
 4074 CARDINAL GLEN PL.  
 OVIEDO FL 32765**

TITLE ☐ Delete

**D LIEBERMAN, TERRY L  
 4074 CARDINAL GLEN PL.  
 OVIEDO FL 32765**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

**PRESIDENT CEO  
 LIEBERMAN, LAWRENCE S  
 4074 Cardinal Glen PL  
 OVIEDO FL 32765**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Lawrence Lieberman, CEO*

Date

Daytime Phone #

**Lawrence Lieberman 1/2/02 407 2610200**

CR2E034 (9/01)