

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092838

1. Entity Name

LIBERTY CARE PLAN, INC.

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

05-15-2000 90095 023 ***150.00

Principal Place of Business

Mailing Address

1133 4TH ST
STE 202
SARASOTA FL 34236
US

1133 4TH ST
STE 202
SARASOTA FL 34236-4870
US

2. Principal Place of Business

1013 Lucerne Ave.

3. Mailing Address

1013 Lucerne Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Second Floor

Second Floor

City & State

City & State

Lake Worth FL

Lake Worth FL

Zip

Country

Zip

Country

33460

USA

33460

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLY, FELICIA
1013 LUCERNE AVENUE
LAKE WORTH FL 33460

Name

Michele Mankamyer

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

1013 Lucerne Ave. Second Floor

City

Lake Worth

FL

Zip Code

33460

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

Michele L. Mankamyer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Michele L. Mankamyer

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, 2000 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 PS
NAME BLY, FELICIA E
STREET ADDRESS 2712 BAY DR
CITY-ST-ZIP BRADENTON FL 34207 ☐ Delete

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

TITLE VPT
NAME MANKAMYER, MICHELLE
STREET ADDRESS 1013 LUCERNE AVENUE
CITY-ST-ZIP LAKE WORTH FL 33460 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Michele L. Mankamyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-547-9133

Michele L. Mankamyer

CR2E034 (9/99)