

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019376

1. Entity Name

LIBERTY UNIVERSITY MANAGEMENT, INC.

Principal Place of Business
8600 HIGHWAY 98 WEST
PENSACOLA FL 32506

Mailing Address
P O BOX 3110
ORANGE BEACH AL 36561
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3362139

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

MAYES, ROBERT G SR.
8600 HIGHWAY 98 WEST
PENSACOLA FL 32506

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYES, ROBERT G SR. 6013 CHANDELLE CIRCLE PENSACOLA FL 32507 <input type="checkbox"/> Delete NEW Address	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 31086 RIVER ROAD ORANGE BEACH, AL. 36561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CURTIS, M R 3028 KNOTTY PINE DRIVE PENSACOLA FL 32505 <input type="checkbox"/> Delete NEW Address	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2046 HESPERIA WAY ORANGE BEACH, FL. 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOLEY, THOMAS E 6011 CHANDELLE CIRCLE PENSACOLA FL 32507 <input type="checkbox"/> Delete NEW Address	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 31158 OAK AVE. ORANGE BEACH, AL. 36561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAYES, ROBERT G JR. POST OFFICE BOX 36190 PENSACOLA FL 32516 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 31258 OAK AVE ORANGE BEACH, AL. 36561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYES, MINNIE L 6013 CHANDELLE CIRCLE PENSACOLA FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 31086 RIVER ROAD ORANGE BEACH, AL. 36561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPSCOMB, BUFORD 6003 CHANDELLE CIRCLE PENSACOLA FL 32507 <input type="checkbox"/> Delete NO Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. RAY CURTIS

Date

2/23/01 (334) 981-3771

Daytime Phone #

CR2E034 (10/00)

0589142

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90391 023 ***150.00



DO NOT WRITE IN THIS SPACE