2002 Uniform Business Report (UBR)

Mar 13, 2002 8:00 am DOCUMENT # P96000019376 **Secretary of State** 1. Entity Name 03-13-2002 90081 002 ***150.00 LIBERTY UNIVERSITY MANAGEMENT, INC. Principal Place of Business Mailing Address 8600 HIGHWAY 98 WEST P O BOX 3110 PENSACOLA FL 32506 ORANGE BEACH AL 36561 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3362139 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAYES, ROBERT G SR. Street Address (P.O. Box Number is Not Acceptable) 8600 HIGHWAY 98 WEST PENSACOLA FL 32506 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)☐ Change ☐ Addition TITLE ☐ Delete TITLE PD NAME NAME MAYES. ROBERT G SR. CR2E034 STREET ADDRESS STREET ADDRESS 31086 RIVER ROAD CITY-ST-ZIP CITY-ST-ZIP **ORANGE BEACH AL 36561** Change ■ Addition ☐ Delete TITLE TITLE VD NAME NAME CURTIS, M R STREET ADDRESS STREET ADDRESS 2046 HESPERIA WAY CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL 32505 Change __ Addition ☐ Delete TITLE TITLE NAME NAME COOLEY, THOMAS E STREET ADDRESS STREET ADDRESS 31158 OAK AVENUE CITY-ST-ZIP CITY-ST-ZIP ORANGE BEACH AL 36561 [] Change ☐ Addition TITLE ☐ Delete TITLE NAME MAYES, ROBERT G JR. STREET ADDRESS STREET ADDRESS 31258 OAK AVENUE CITY-ST-ZIP CITY-ST-ZIP ORANGE BEACH AL 36561 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME MAYES, MINNIE L STREET ADDRESS STREET ADDRESS 31086 RIVER ROAD CITY-ST-ZIP CITY-ST-ZIP **ORANGE BEACH AL 36561** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME LIPSCOMB, BUFORD STREET ADDRESS STREET ADDRESS 6003 CHANDELLE CIRCLE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32507

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.

changed, or on an attachment with ar

required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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