## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) May 18, 2000 8:00 am Secretary of State DOCUMENT # **P96000035246** 1. Entity Name

05-18-2000 90374 037 \*\*\*150.00

Principal Place	ce of Business	Mailing Address	Mailing Address							
310 W. CENTRAL PKWY. SUITE 7000 ALTAMONTE SPRINGS FL 32714		310 W. CENTRAL PKWY. SUITE 7000 ALTAMONTE SPRINGS FL	310 W. CENTRAL PKWY.			Ουπαίο * • .	-			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SP	ACE		
City & State		City & State		., <del></del>	<b>4</b> . F	59-3374455		_ <del> </del>	plied For t Applicable	
Zip Country		Zip	Zip Country			Certificate of Status Desired	L Fe	8.75 Add e Required		
	6. Name and Address of Curren	t Registered Agent			7. N	Name and Address of New Reg	istered Ag	ent		
WIE 200 ORL		Name  W. MICHAEL MIKKSLSON  Street Address (P.O. Box Number is Not Acceptable)  310 W. CENTRAL P.KWY., STE 7000  City.								
				AI TAM	ALTAMONTE SPRINGS			FL Zip Code 32714		
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Ref  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After MAY 1, 2000  Make Check Payable				will be \$550.00	0	10. Election Campaign Finar Trust Fund Contribution.	DATE OCING		O May Be to Fees	
	OFFICERS ANI		12.	<u> </u>		L DDITIONS/CHANGES TO OFFIC	ERS AND D	IBECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKKELSON, W. MICHAEL	☐ Delete	TITL NAM STRE	E		211010,701		Change	Addition	
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indicated of the co	certify that the information supplied wild on this report or supplemental report or proporation or the receiver or trustee emd, or on an attachment with an address	is true and accurate and that powered to execute this repor	my signa t as requi	iture shall have ti	he same :	legal effect as it made under oa	th: that I am	i an officer	or arrector 1	

LIBERTY OVIEDO, INC.

5.1.00