

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035246

1. Entity Name
LIBERTY OVIEDO, INC.

Principal Place of Business
310 W. CENTRAL PKWY.
SUITE 7000
ALTAMONTE SPRINGS FL 32714

Mailing Address
310 W. CENTRAL PKWY.
SUITE 7000
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WIELAND, JEFFREY P
200 S. ORANGE AVE.
ORLANDO FL 32801

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-3374455

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MIKKELSON, W. MICHAEL
310 W. CENTRAL PKWY., STE. 7000
ALTAMONTE SPRINGS FL 32714

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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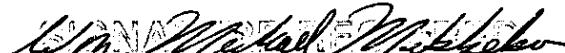
Change Addition

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CITY-ST-ZIP

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-2 407-774-8818

Date Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE