

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089778

1. Entity Name

AMERICAN LIBERTY, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90021 044 ***150.00

Principal Place of Business
717 E ALTAMONTE DRIVE
UNIT A-B
ALTAMONTE SPRINGS FL 32701
US

Mailing Address
717 E ALTAMONTE DRIVE
UNIT A-B
ALTAMONTE SPRINGS FL 32701-4804
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3408439

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 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 PD
NAME SULLIVAN, JUNE WOODRUFF
STREET ADDRESS 1878 MATTERHORN DRIVE
CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

TITLE
NAME CHANGE OF ADDRESS ☒ Change ☐ Addition
STREET ADDRESS ONLY ON EACH NAME
CITY-ST-ZIP

TITLE VSTD
NAME SULLIVAN, G. MICHAEL
STREET ADDRESS 1878 MATTERHORN DRIVE
CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

TITLE
NAME ONE CENTER BLVD, BLDG 516 ☒ Change ☐ Addition
STREET ADDRESS SUITE 101
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE D
NAME WILLIAMS, JENNIFER JUNE
STREET ADDRESS 1878 MATTERHORN DRIVE
CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

TITLE
NAME DITO ADDRESS CHANGE ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MALQUIST, MICHELLE RENEE
STREET ADDRESS 1878 MATTERHORN DRIVE
CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

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

TITLE D
NAME SILVA, REBECCA KAY
STREET ADDRESS 1878 MATTERHORN DRIVE
CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

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

TITLE D
NAME HAMMOND, AMY LYNN
STREET ADDRESS 1878 MATTERHORN DRIVE
CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

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

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:

June Woodruff Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(409) 265-0377

1/24/2000