

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010696

1. Entity Name

LIBERTY ENTERPRISE OF SOUTH FLORIDA INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90107 032 ***150.00

Principal Place of Business

Mailing Address

~~3100 BUCCANEER RD~~
~~LANTANA FL 33462~~

3100 BUCCANEER RD
LANTANA FL 33462-3735
US

2. Principal Place of Business

7288 Willow Springs Cir

3. Mailing Address

Suite, Apt. #, etc.

City & State

LANTANA FL

City & State

Zip

33462

Country
USA

Country

4. FEI Number

65-0723789

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

^I
LIBERT, IRSKINE
3100 BUCCANEER RD
LANTANA FL 33462

Name

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

7288 Willow Springs Cir

City LANTANA

FL

Zip Code
33462

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 ☐ Delete
NAME LIBERT, IRSKIN
STREET ADDRESS 3100 BUCCANEER RD
CITY-ST-ZIP LANTANA FL 33462

TITLE ☒ Change ☐ Addition
NAME Libert, Irskine
STREET ADDRESS 7288 Willow Springs Cir
CITY-ST-ZIP LANTANA, FL 33462

TITLE VPD ☐ Delete
NAME LIBERT, MARILYN
STREET ADDRESS 3100 BUCCANEER RD
CITY-ST-ZIP LANTANA FL 33462

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7288 Willow Springs Cir
CITY-ST-ZIP LANTANA, FL 33462

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SEB/IRSKINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

(561) 966-9288

Daytime Phone #