2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000052062 LIBERTY WEST TOWN, INC. Principal Place of Business Mailing Address 310 WEST CENTRAL PARKWAY 310 WEST CENTRAL PARKWAY **SUITE 7000 SUITE 7000** ALTAMONTE SPRINGS FL 32714-2424 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

310 WEST CENTRAL PARKWAY SUITE 7000

ALTAMONTE SPRINGS FL 32714

OFFICERS AND DIRECTORS

MIKKELSON, W M

SUITE 7000

(See criteria on back)

SIGNATURE

11.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIF

TITLE

NAME

NAME

TITLE

NAME

CITY-ST=ZIP_

CITY-ST-ZIP

310 WEST CENTRAL PARKWAY

ALTAMONTE SPRINGS FL 32714

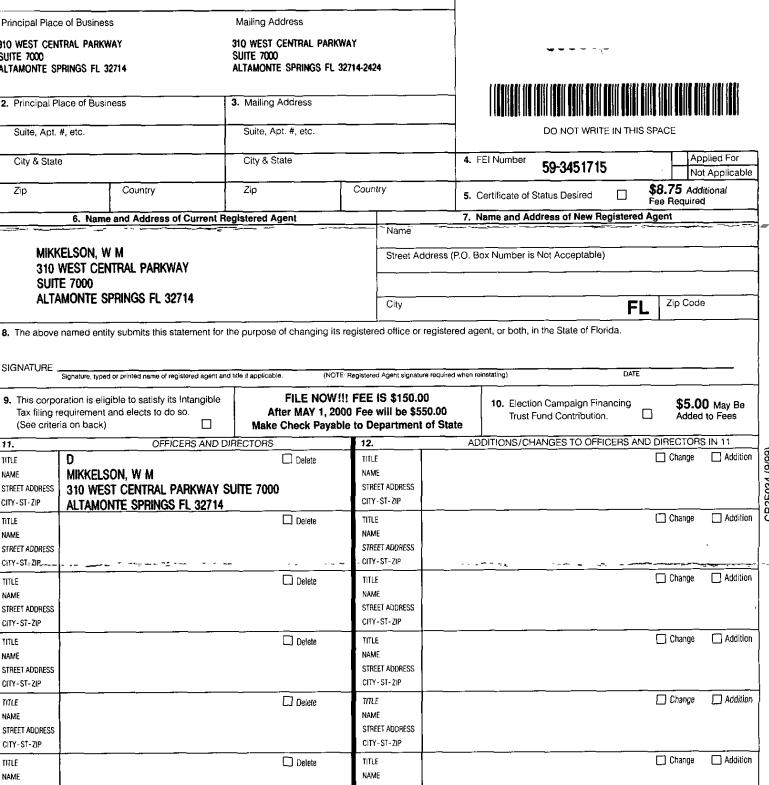
9. This corporation is eligible to satisfy its Intangible

MIKKELSON, W M

Tax filing requirement and elects to do so.

FILED May 18, 2000 8:00 am Secretary of State

05-18-2000 90374 040 ***150.00



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.

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

TITLE NAME STREET ADDRESS

TITLE NAMÉ STREET ADDRESS

TITLE

TITLE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIG