

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020699

1. Entity Name

LIBERTY CLINICS, U.S.A., INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90044 001 ***550.00

09-15-2000 90044 002 *****8.75

Principal Place of Business

11950 NW 39TH STREET
SUITE D
CORAL SPRINGS FL 33065
US

Mailing Address

11950 NW 39TH STREET
SUITE D
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

600 W. PROSPECT RD.

3. Mailing Address

600 W. PROSPECT RD.

Suite, Apt. #, etc.

Z-H

Suite, Apt. #, etc.

Z-H

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL.

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0891127

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MEE, DOUGLAS J
11950 NW 39TH STREET
SUITE D
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name **E. N. BURSON III**

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

600 W. PROSPECT ROAD # 2-H

City **FT. LAUDERDALE**

FL

Zip Code **33309**

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

E. N. Burson III **E. N. BURSON III, PRESIDENT** **9/12/00**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☐ Delete
NAME **MEE, DOUGLAS J**
STREET ADDRESS **11950 NW 39TH STREET, STE D**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **E. N. BURSON III**
STREET ADDRESS **600 W. PROSPECT RD. Z-H**
CITY-ST-ZIP **FT. LAUDERDALE FL. 33309**

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

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

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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: X

E. N. Burson III **E. N. BURSON III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

Date

954-344-2454

Daytime Phone #

CR2E034 (5/00)