

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90022 013 \*\*\*150.00

**DOCUMENT # P98000054746**

1. Entity Name

**LIBERTY WILDERNESS LAND & DEVELOPMENT, INC.**

Principal Place of Business

**HWY 65 SOUTH  
BRISTOL FL 32321**

Mailing Address

**P O BOX 68  
BRISTOL FL 32321**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3523064**

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

**READ, BENJIMAN D  
9112 FOXWOOD DRIVE SOUTH  
TALLAHASSEE FL 32308**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP READ, DONALD B P.O. BOX 68 BRISTOL FL 32321	<input type="checkbox"/>		<input type="checkbox"/>
D SUMMERS, LESTER W PO BOX 1255 BRISTOL FL 32321	<input type="checkbox"/>		<input type="checkbox"/>
DTS READ, BENJAMIN D P.O. BOX 68 BRISTOL FL 32333	<input type="checkbox"/>		<input type="checkbox"/>
D LAMBRIGHT, ROBERT PO BOX 734 MACCLENNY FL 32063	<input type="checkbox"/>		<input type="checkbox"/>
D STOUTAMIRE, WILLIAM F P.O. BOX 360 BLOUNTSTOWN FL 32424	<input type="checkbox"/>		<input type="checkbox"/>
D ROBERTS, CHARLES P.O. BOX 188 HOSFORD FL 32334	<input type="checkbox"/>		<input type="checkbox"/>

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

*Benjamin D. Read*

4/25/01

Date

(850) 379-8344

Daytime Phone #

CR2E034 (10/00)