

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90050 045 ***158.75

0588774 AT

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **DP** ☐ Delete
 NAME **READ, DONALD B**
 STREET ADDRESS **P.O. BOX 68**
 CITY-ST-ZIP **BRISTOL FL 32321**

TITLE **D** ☒ Delete
 NAME **SUMMERS, LESTER W**
 STREET ADDRESS **PO BOX 1255**
 CITY-ST-ZIP **BRISTOL FL 32321**

TITLE **DTS** ☐ Delete
 NAME **READ, BENJAMIN D**
 STREET ADDRESS **P.O. BOX 68**
 CITY-ST-ZIP **BRISTOL FL 32333**

TITLE **D** ☒ Delete
 NAME **LAMBRIGHT, ROBERT**
 STREET ADDRESS **PO BOX 734**
 CITY-ST-ZIP **MACCLENNY FL 32063**

TITLE **D** ☐ Delete
 NAME **STOUTAMIRE, WILLIAM F**
 STREET ADDRESS **P.O. BOX 360**
 CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE **D** ☒ Delete
 NAME **ROBERTS, CHARLES**
 STREET ADDRESS **P.O. BOX 188**
 CITY-ST-ZIP **HOSFORD FL 32334**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
 NAME **Jimmy Silver**
 STREET ADDRESS **504 New Home Circle**
 CITY-ST-ZIP **Longview, FL 32446**

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

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

TITLE ☐ Change ☐ Addition
 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:

[Signature] **Sec/ Treas.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02

Date

(350) 643-1020

Daytime Phone #

CR2E034 (9/01)