## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P98000067886**

LIBERTY EAU GALLIE, INC.

Principal Place of Business 310 W CENTRAL PARKWAY. SUITE 7000

ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

3. Mailing Address

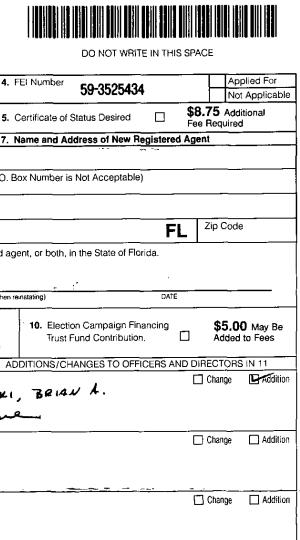
City & State

Suite, Apt. #, etc.

310 W CENTRAL PARKWAY, SUITE 7000 ALTAMONTE SPRINGS FL 32714-2424

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

05-18-2000 90374 032 \*\*\*150.00



Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MIKKELSON, W MICHAEL Street Address (P.O. Box Number is Not Acceptable) 310 W CENTRAL PARKWAY, SUITE 7000 **ALTAMONTE SPRINGS FL 32714** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 :9: This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY-1, 2000 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. V.P. ☐ Delete TITLE TITLE PELSKI, BRIAN A. MIKKELSON,"W MICHAEL NAME 310 W CENTRAL PARKWAY, SUITE 7000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition ☐ Defete ☐ Change DILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: