

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90140 017 *****70.00

DOCUMENT # 727160

1. Entity Name

FREEDOM UNIVERSITY, INC.



Principal Place of Business

**1150 HARBOR BLVD
PORT CHARLOTTE FL 33952**

Mailing Address

**1150 HARBOR BLVD
PORT CHARLOTTE FL 33952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1569223**

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

**ROONEY, J. MICHAEL ESQ
306 EAST OLYMPIA AVENUE
PUNTA GORDA FL 33950**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTSD** ☐ Delete
NAME **KOLENDA, DANIEL P**
STREET ADDRESS **1150 HARBOR BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **D** ☐ Change ☒ Addition
NAME **Gene C. Wilson**
STREET ADDRESS **305 Shoreland St**
CITY-ST-ZIP **Port Charlotte, FL. 33954**

TITLE **D** ☐ Delete
NAME **KAGER, MELISSA S**
STREET ADDRESS **411 LUCYS LANE**
CITY-ST-ZIP **ORANGE PARK FL 32003**

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

TITLE **D** ☐ Delete
NAME **DEAN, TALULAH E**
STREET ADDRESS **76 GREENWOOD AVE**
CITY-ST-ZIP **ORMOND BEACH FL 32172**

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

TITLE **D** ☐ Delete
NAME **KOLENDA, DANILE P JR**
STREET ADDRESS **25380 PALISADES**
CITY-ST-ZIP **PUNTA GORDA FL 33983**

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

TITLE **D** ☐ Delete
NAME **ROONEY, J MICHAEL ESQ**
STREET ADDRESS **306 EAST OLYMPIA AVE**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

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

TITLE **D** ☐ Delete
NAME **MCKEE, JAMES A**
STREET ADDRESS **2935 THOMAS LANE**
CITY-ST-ZIP **NORTH PORT FL 34286**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel P. Kolenda* **DANIEL P. KOLENDA 3-26-03 941-625-4450**

CR2E037 (10/02)