

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91170 013 \*\*\*150.00

**DOCUMENT # 354166**

1. Entity Name

**FRANCES G. FREEMAN, INC.**

Principal Place of Business

14136 7TH ST  
P O BOX 497  
DADE CITY FL 33525  
US

Mailing Address

POST OFFICE BOX 497  
P O BOX 497  
DADE CITY FL 33526-0497  
US

2. Principal Place of Business

202 7th ST

3. Mailing Address

P.O. Box 497

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DADE CITY, FL

City & State

DADE CITY, FL

Zip

33525

Country

USA

Zip

33526

Country

USA

4. FEI Number

59-1273428

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

MCCLAIN, JOE A  
37908 CHURCH AVE  
DADE CITY FL 33525

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.

(NO 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 PD ☐ Delete  
NAME FREEMAN, FRANCES G  
STREET ADDRESS 14250 13TH ST  
CITY-ST-ZIP DADE CITY FL 33523

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

TITLE TSD ☐ Delete  
NAME FREEMAN, H CLIFFORD  
STREET ADDRESS 35304 BASELINE LN  
CITY-ST-ZIP DADE CITY FL 33525

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Frances G. Freeman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER / DIRECTOR

3-31-01

Date

352-567-3400

Daytime Phone #

CR2E034 (10/00)