

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2001 8:00 am**  
**Secretary of State**

08-06-2001 90072 028 \*\*\*550.00

DOCUMENT # 357967  
 1. Entity Name  
 Freeland & Schuh, Inc

Principal Place of Business Mailing Address

**A0080573**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1229 N. Airport Pulling Rd  
 Suite, Apt. #, etc. 3. Mailing Address 950 SE 11 AVE  
 Suite, Apt. #, etc.

City & State Naples FL City & State Cape Coral FL  
 Zip 34104 Country USA Zip 33990 Country USA

4. FEI Number 591283523 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

Bernard G. Freeland  
 92 myrtle Dr.  
 Naples, FL 34108

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: X [Signature]  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-24-01

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 Christopher Freeland ☐ Delete  
 STREET ADDRESS 917 Cypress Lake Dr  
 CITY-ST-ZIP Ft. Myers, FL 33919

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

TITLE NAME Bernard Freeland ☐ Delete  
 STREET ADDRESS 92 myrtle Dr  
 CITY-ST-ZIP Naples, FL 34108

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

TITLE NAME George Freeland ☐ Delete  
 STREET ADDRESS HC-75 Box 162  
 CITY-ST-ZIP Chama NM 87520

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
 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: X [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/01 941-574-4663  
 Date Daytime Phone #

CR2E034 (11/00)