

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 455646

1. Entity Name  
FREELAND DISTRIBUTORS, INC.

Principal Place of Business

PO BOX 110729  
NAPLES FL 34108-0113  
US

Mailing Address

PO BOX 110729  
NAPLES FL 34108-0113  
US

2. Principal Place of Business

950 SE 11 AVE

Suite, Apt. #, etc.

3. Mailing Address

950 SE 11 AVE

Suite, Apt. #, etc.

City & State

Cape Coral FL

Zip 33990 Country US

City & State

Cape Coral FL

Zip 33990 Country US

4. FEI Number 59-1579908

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

FREELAND, BERNARD G  
92 MYRTLE ROAD  
NAPLES FL 34108

Name

Bernard G Freeland

Street Address (P.O. Box Number is Not Acceptable)

950 SE 11 AVE

City

Cape Coral

FL

Zip Code

33990

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 Bernard Freeland

3/26/01

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, 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 PVS  
NAME FREELAND, GEORGE  
STREET ADDRESS 813 CAL COVE DRIVE  
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

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

TITLE T  
NAME FREELAND, GEORGE  
STREET ADDRESS 813 CAL COVE DRIVE  
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

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

TITLE V  
NAME FREELAND, BERNARD G  
STREET ADDRESS 92 MYRTLE ROAD  
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: Kim Morgan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim Morgan

Date

4-3-01

Daytime Phone #

941 574-4663



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)