

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90020 038 ***150.00

DOCUMENT # 657714

1. Entity Name

FREEDOM OF CHOICE REALTY, INC.

Principal Place of Business

Mailing Address

541 SOUTH STATE ROAD
SUITE #4
MARGATE FL 33368-1711
US

541 SOUTH STATE ROAD
SUITE #4
MARGATE FL 33368
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1982706**

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

BOCKHOLD, H. J.
7373 N.W. 82ND TERRACE
PARKLAND FL 33067

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.

(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, 2000 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 **MT** ☐ Delete
NAME **HEATH, GRETCHEN**
STREET ADDRESS **7373 N.W. 82ND TERRACE**
CITY-ST-ZIP **PARKLAND FL 33067-1044**

TITLE ☒ Change ☐ Addition
NAME **Heath, Gretchen**
STREET ADDRESS **7373 N.W. 82nd Terrace**
CITY-ST-ZIP **Parkland, FL 33067-1044**

TITLE **MT** ☐ Delete
NAME **BOCKHOLD, JULIENNE R**
STREET ADDRESS **7373 NW 82ND TERRACE**
CITY-ST-ZIP **PARKLAND FL 33067-1099**

TITLE ☒ Change ☐ Addition
NAME **Julienne Bockhold**
STREET ADDRESS **7373 NW 82nd Terr**
CITY-ST-ZIP **Parkland, FL 33067-1099**

TITLE **VP** ☐ Delete
NAME **BOCKHOLD, HAROLD H**
STREET ADDRESS **541 S STATE RD #7 SUITE #4**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☒ Change ☐ Addition
NAME **Bockhold, Harold H**
STREET ADDRESS **P.O. Box 9316**
CITY-ST-ZIP **Coral Springs FL 33075**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Bockhold, Harold J.**
STREET ADDRESS **541 S. St. Rd 7 #4**
CITY-ST-ZIP **MARGATE FL 33068**

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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/00 (954) 972-7700

CR2E034 (9/99)