

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90021 037 ***150.00

DOCUMENT # 657714

1. Entity Name
FREEDOM OF CHOICE REALTY, INC.

Principal Place of Business Mailing Address
541 SOUTH STATE ROAD 541 SOUTH STATE ROAD
SUITE #4 SUITE #4
MARGATE FL 33368-1711 MARGATE FL 33368-1711
US US

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 **59-1982706** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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]* DATE *[Date]*
Signature of officer or secretary name of registered agent and use if applicable. (Not Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HEATH, GRETCHEN	
STREET ADDRESS	7373 N.W. 82ND TERRACE	
CITY-ST-ZIP	PARKLAND FL 33067-1044	
TITLE	CM	<input type="checkbox"/> Delete
NAME	BOCKHOLD, JULIENNE R	
STREET ADDRESS	7373 NW 82ND TERRACE	
CITY-ST-ZIP	PARKLAND FL 33067-1099	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOCKHOLD, HAROLD H	
STREET ADDRESS	PO BOX 9316	
CITY-ST-ZIP	CORAL SPRINGS FL 33075	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOCKHOLD, HAROLD J	
STREET ADDRESS	5415 ST RD 7 #4	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* 01/15/01 954 972 7700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)