

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90164 001 \*\*\*300.00

**DOCUMENT # 657714**

1. Entity Name

**FREEDOM OF CHOICE REALTY, INC.**

Principal Place of Business

Mailing Address

**541 SOUTH STATE ROAD  
 SUITE #4  
 MARGATE FL 33068-1711  
 US**

**541 SOUTH STATE ROAD  
 SUITE #4  
 MARGATE FL 33068-1711  
 US**

2. Principal Place of Business

**7373 NW 82 TERRACE**

Suite, Apt. #, etc.

3. Mailing Address

**4613 UNIVERSITY DR**

Suite, Apt. #, etc.

**#411**

City & State

**Parkland, Florida**

City & State

**Coral Springs, Florida**

Zip

Country

**33067-1004**

Zip

Country

**33067**

4. FEI Number

**59-1982706**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



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, 2002 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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **HEATH, GRETCHEN**  
 CITY-ST-ZIP **7373 N.W. 82ND TERRACE  
 PARKLAND FL 33067-1044**

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

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

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

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **BOCKHOLD, HAROLD H**  
 CITY-ST-ZIP **PO BOX 9316  
 CORAL SPRINGS FL 33075**

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

TITLE ☒ Delete  
 NAME **BOCKHOLD, HAROLD J**  
 STREET ADDRESS **5415 ST RD 7 #4**  
 CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☒ Change ☐ Addition  
 NAME **BOCKHOLD, HAROLD J.**  
 STREET ADDRESS **7373 N W 82nd Terr**  
 CITY-ST-ZIP **PARKLAND FL 33067-1099**

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

**02/15/02 954 972-7700**

Date

Daytime Phone #

CR2E034 (9/01)