

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G15488

1. Entity Name

FREEDOM TRAVEL OF PASCO, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90004 025 ***150.00

Principal Place of Business

5824 GALL BLVD.
ZEPHYRHILLS FL 33541

Mailing Address

5824 GALL BLVD.
ZEPHYRHILLS FL 33541-3456

2. Principal Place of Business

5824 GALL BLVD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

Above

City & State

Zephyrhills, FL

City & State

Zip

Country

33541
USA

Country

4. FEI Number

59-2318810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, JEAN MCCLAIN

5824 GALL BLVD.

ZEPHYRHILLS FL ~~34240~~ 33541-3456

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

JEAN McClain Murphy, President (Same) 03-27-00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MURPHY, JEAN MCCLAIN 5824 GALL BLVD. ZEPHYRHILLS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, ALAN 220 GREYMAN DR LAKE SHORES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JEAN McClain Murphy

03-27-00

Date

(813) 782-1631

Daytime Phone #

CR2E034 (9/99)