

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90233 045 ***150.00

0495025 AV

DOCUMENT # J14186

1. Entity Name
FREEDOM RETIREMENT COMMUNITIES, INC.



Principal Place of Business
**455 N INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770
US**

Mailing Address
**455 N INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770
US**



2. Principal Place of Business
10225 Ulmerton Road

3. Mailing Address
10225 Ulmerton Road

Suite, Apt. #, etc.
Suite 3D

Suite, Apt. #, etc.
Suite 3D

City & State
Largo, FL

City & State
Largo, FL

4. FEI Number **59-2674777**

Applied For
Not Applicable

Zip
33771

Country
US

Zip
33771

Country
US

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCKLES, WILLIAM G., JR.
455 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33770**

Name
Street Address (P.O. Box Number is Not Acceptable)
10225 Ulmerton Road
Suite 3D
City
Largo **FL** Zip Code
33771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTS BUCKLES, WM G. 455 N INDIAN ROCKS ROAD BELLEAIR BLUFFS FL | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10225 Ulmerton Road, Suite 3D Largo, FL 33771 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

Date

Daytime Phone #

CR2E034 (10/02)