

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90249 008 ***150.00

DOCUMENT # J24470

1. Entity Name

FREEDOM PROPERTIES, INC.

Principal Place of Business

Mailing Address

**1905 MANATEE AVE. W.
 BRADENTON FL 34205
 US**

**1905 MANATEE AVE. W.
 BRADENTON FL 34205-5925
 US**

2. Principal Place of Business

1720 MANATEE AVE W

3. Mailing Address

1720 MANATEE AVE W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BRADENTON FL

BRADENTON FL

4. FEI Number

59-2790895

Applied For

Not Applicable

34205

USA

34205

USA

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

**BLINKER, HARRY L
 410 OLD MAIN ST
 BRADENTON FL 34205**

1720 MANATEE AVE W

Name **BLINKER, HARRY L**

Street Address (P.O. Box Number is Not Acceptable) **1720 Manatee Ave W**

City **Bradenton**

FL

Zip Code **34205**

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

Harry L. Blinker

4/11/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MCARTNEY, LUCINDA L	
STREET ADDRESS	410 OLD MAIN ST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	TS	<input type="checkbox"/> Delete
NAME	BLINKER, HARRY L	
STREET ADDRESS	410 OLD MAIN ST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCINDA L. MC CARTNEY	
STREET ADDRESS	1720 MANATEE AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	TS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLINKER, HARRY L	
STREET ADDRESS	1720 MANATEE AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	
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:

Lucinda L. McCartney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

Daytime Phone #

941-746-9071

CR2E034 (9/99)