

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J29228

Entity Name  
FREEDMAN & MICHAELS, PROFESSIONAL ASSOCIATION

FILED  
Apr 28, 2000 8:00 am  
Secretary of State  
04-28-2000 90035 006 \*\*\*150.00

Principal Place of Business  
N TAMPA ST  
2525  
FL 33602

Mailing Address  
400 N TAMPA ST  
SUITE 2525  
TAMPA FL 33602-4777  
US

80077695



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number 59-2719366  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
FREEDMAN, MICHAEL J.  
400 N TAMPA ST  
SUITE 2525  
TAMPA FL 33602

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, 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	<input type="checkbox"/> Delete
DP	FREEDMAN, MICHAEL J.	400 N TAMPA ST STE 2525	TAMPA FL 33602	<input type="checkbox"/>
ST	MICHAELS, LINDA M.	400 N TAMPA ST STE 2525	TAMPA FL 33602	<input type="checkbox"/>
V	FREEDMAN, JEFFREY A	400 N TAMPA ST STE 2525	TAMPA FL 33602	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Michael J. Freedman Date 4/28/00 (813) 229-4925  
MICHAEL J. FREEDMAN, PRESIDENT

CR2E034 (9/99)