

2001 UNIFORM BUSINESS REPORT (UBR)

4/16

FILED

May 11, 2001 8:00 am
Secretary of State

04-18-2001 90364 047 ***150.00

DOCUMENT # K35925

1. Entity Name

FREELAND MANAGEMENT, INC.

Principal Place of Business

PO BOX 110729
NAPLES FL 34108-0113
US

Mailing Address

PO BOX 110729
NAPLES FL 34108-0113
US

2. Principal Place of Business

950 SE 11 Ave

3. Mailing Address

950 SE 11 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Cape Coral FL

Zip

33990

Country

US

Zip

33990

Country

US

4. FEI Number

65-0073683

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREELAND, BERNARD
92 MYRTLE RD
NAPLES FL 34108

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 Bernard Freeland

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

3/26/01

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, 2001 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	PS	<input type="checkbox"/> Delete
NAME	FREELAND, GEORGE	
STREET ADDRESS	813 CAL CORE DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREELAND, CHRISTOPHER	
STREET ADDRESS	917 CYPRESS LAKE CIR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREELAND, BERNARD G.	
STREET ADDRESS	92 MYRTLE RD	
CITY-ST-ZIP	NAPLES FL 34108	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George T. Freeland
George T. Freeland

Date

4/3/01

Daytime Phone #

874-4663

George T. Freeland

5/1/01 941 574-4663

CR2E034 (10/00)