

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M29765

1. Entity Name

THE FREEMAN GROUP, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90477 043 ***150.00

Principal Place of Business

19091 TAMIAMI TRAIL SE
 FT MYERS FL 33908
 US

Mailing Address

19091 TAMIAMI TRAIL SE
 FT MYERS FL 33908-4705
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0093211**

Applied For

Not Applicable.

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

FREEMAN, PAUL H.
 1406 DATRAN CENTER
 1840 WEST 49TH ST., SUITE ~~700x~~
 MIAMI FL 33012

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE 410

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	FREEMAN, PAUL H.	
STREET ADDRESS	1840 WEST 49TH ST, SUITE 700x	
CITY-ST-ZIP	MIAMI FL 33012	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FREEMAN, ALAN C.	
STREET ADDRESS	19091 TAMIAMI TRAIL, SE	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FREEMAN, NEIL D.	
STREET ADDRESS	220 W HURON STREET, SUITE 500 WEST	
CITY-ST-ZIP	CHICAGO IL 60610	
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 checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	SUITE 410
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

Daytime Phone #