

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR -6 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf*



DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000000766

1. Entity Name  
FREEDOM LIQUIDATING, LLC

Principal Place of Business

783 S. ORANGE AVE. #210  
SARASOTA FL 34236

Mailing Address

783 S. ORANGE AVE. #210  
SARASOTA FL 34236-4702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 200

City & State

Suite, Apt. #, etc.

Suite 200

City & State

4. FEI Number

65-0860014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, GREGORY L  
1401 MANATEE AVE. W. #800  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

James P. Corbett

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

783 S. Orange Ave.

Suite 200

City

Sarasota

FL

Zip Code  
34236

8. The above named entity submits the 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)

James P. Corbett

1/25/00

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete  
MGRM  
ROSKAMP, ROBERT G  
STREET ADDRESS 1401 MANATEE AVE., W., SUITE 800  
CITY-ST-ZIP BRADENTON FL 34205

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 783 S. Orange Ave., Ste. 200  
CITY-ST-ZIP Sarasota, FL 34236

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE REQUIRED

Robert G. Roskamp 1/24/00 (941) 954-1111

Date

Daytime Phone #

CR2E083 (9/99)