

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006905

1. Entity Name

FREEDOM FOUNDATION OF FLORIDA STUDENTS, INC.

Principal Place of Business

1932 NW 2ND AVE  
GAINESVILLE FL 32603

Mailing Address

1932 NW 2ND AVE  
GAINESVILLE FL 32603

2. Principal Place of Business

1203 SW 9TH RD.

3. Mailing Address

1203 SW 9TH RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32601

Country

USA

Zip

32601

Country

USA

4. FEI Number

30-000-3457

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOYKA, DAN

1932 NW 2ND AVE  
GAINESVILLE FL 32603

7. Name and Address of New Registered Agent

Name SOYKA, DANIEL

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

243 ABERDEEN ST.

City DUNEDIN

FL

Zip Code

34698

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]*

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

(NOTE: Registered Agent signature required when reinstating)

2/4/02

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SOYKA, DAN  
STREET ADDRESS 1932 NW 2ND AVE  
CITY-ST-ZIP GAINESVILLE FL 32603

TITLE D ☒ Delete  
NAME PHILLIPS, THAD  
STREET ADDRESS 1830 NW 2ND AVE  
CITY-ST-ZIP GAINESVILLE FL 32603

TITLE D ☒ Delete  
NAME MCCONNEZZ, JAMES  
STREET ADDRESS P O BOX 5190  
CITY-ST-ZIP GAINESVILLE FL 34674

TITLE D ☐ Delete  
NAME REARDON, LOUSIE  
STREET ADDRESS 807 PANHELLENIC DR  
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CHAIRMAN/DIRECTOR ☒ Change ☐ Addition  
NAME SOYKA, DANIEL  
STREET ADDRESS 243 ABERDEEN ST.  
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME ESCHBACH, PHILIP  
STREET ADDRESS 1203 SW 9TH RD.  
CITY-ST-ZIP GAINESVILLE, FL 32601

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* DANIEL SOYKA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02

DATE

352.692.1421

Daytime Phone #

02-24-2002 90094 005 \*\*\*245.00

FILED

N00000006905

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 19 PM 4:00

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

01-02

CR2E037 (5/01)