

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State
 09-16-2002 90109 042 ****70.00

DOCUMENT # N22657

1. Entity Name

FREEDOM INTERGROUP, INC.

Principal Place of Business

**1747 BEACHWAY LANE
 ODESSA FL 33556
 US**

Mailing Address

**1747 BEACHWAY LANE
 ODESSA FL 33556
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2877416

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GLADISH, CAROLE
 1747 BEACHWAY LANE
 ODESSA FL 33556**

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Delete
 NAME **SIEGFRIED, KAISER**
 STREET ADDRESS **4539 CHARTER ST**
 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **CD** ☐ Change ☐ Addition
 NAME **Barbara LAMANA**
 STREET ADDRESS **4640 Mile Stretch Dr**
 CITY-ST-ZIP **Holiday, FL 34690**

TITLE **SD** ☐ Delete
 NAME **STOREY, JANET**
 STREET ADDRESS **1246 CALIFORNIA ST**
 CITY-ST-ZIP **BROOKVILLE-FL 34601**

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

TITLE **TD** ☐ Delete
 NAME **GLADISH, CAROLE**
 STREET ADDRESS **1747 BEACHWAY LANE**
 CITY-ST-ZIP **ODESSA FL 33556**

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

TITLE **VD** ☐ Delete
 NAME **FROHMAN, BOB**
 STREET ADDRESS **3466 CESSNA DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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: *Carole Gladish* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 11/02

Date

813-920-3001

Daytime Phone #

CR2E037 (9/01)