

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90196 009 ****61.25

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

8466 Cessna Dr

New Port Richey

Suite, Apt. #, etc.

FL

City & State

FL

Zip

34654

Country

USA

3. Mailing Address

8466 Cessna Dr

New Port Richey

Suite, Apt. #, etc.

FL

City & State

FL

Zip

34654

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2877416**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Andree Guethlein

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

8466 Cessna Dr

New Port Richey

City

FL

Zip Code

34654

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Andree Guethlein**

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

(NOTE: Registered Agent signature required when reinstating)

8-25-03

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE **CD** ☐ Delete
NAME **LAMANN, BARBARA**
STREET ADDRESS **4640 MILE STRETCH DR**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **Treasurer** ☐ Delete
NAME **Andree Guethlein**
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Andree Guethlein**
STREET ADDRESS **8466 Cessna Dr**
CITY-ST-ZIP **New Port Richey, FL 34654**

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:

Andree Guethlein

8-25-03

727-842-7840

CR2E037 (4/03)