

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90040 007 ****61.25

DOCUMENT # N49362

1. Entity Name

FREEDOM 2000 FOUNDATION, INC.

Principal Place of Business

1321 N VALRICO RD
 VALRICO FL 33594

Mailing Address

1321 N VALRICO RD
 VALRICO FL 33594-4464

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3135348

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLMBERG, DOUGLAS A.
1321 N VALRICO RD
VALRICO FL 33594

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	D <input type="checkbox"/> Delete
NAME	CRAIG, KEITH
STREET ADDRESS	9769 FOX CHAPEL RD
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> Delete
NAME	JACKSON, A. T.
STREET ADDRESS	205 WICKERBERRY HOLLOW
CITY-ST-ZIP	ROSWELL GA
TITLE	D <input type="checkbox"/> Delete
NAME	HOLMBERG, DOUGLAS A.
STREET ADDRESS	1321 N VALRICO RD
CITY-ST-ZIP	VALRICO FL
TITLE	D <input type="checkbox"/> Delete
NAME	MORRIS, ROBERT N.
STREET ADDRESS	5622 OAKLAND DR
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIS, DAVID C
STREET ADDRESS	1108 GLEN PARK LN
CITY-ST-ZIP	VALRICO FL
TITLE	<input type="checkbox"/> Delete
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	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: ROBERT N. MORRIS, DIRECTOR 5/1/00 813-689-3601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)