

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90726 030 \*\*\*\*61.25

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**DOCUMENT # N49362**

1. Entity Name  
**FREEDOM 2000 FOUNDATION, INC.**



Principal Place of Business  
**1321 N VALRICO RD  
VALRICO FL 33594**

Mailing Address  
**13430 HOBSON SIMMONS ROAD  
LITHIA FL 33547**

**4000J441**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **59-3135348**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. 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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CRAIG, KEITH</b>	
STREET ADDRESS	<b>9769 FOX CHAPEL RD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>DCP</b>	<input type="checkbox"/> Delete
NAME	<b>HOLMBERG, DOUGLAS A.</b>	
STREET ADDRESS	<b>1321 N VALRICO RD</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>HOLMBERG, GREGORY J</b>	
STREET ADDRESS	<b>1321 N VALRICO ROAD</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORRIS, TIMOTHY R</b>	
STREET ADDRESS	<b>308 BELLE VIEW AVE</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL 33617</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
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		
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: *Douglas A. Holmberg* **DOUGLAS A. HOLMBERG** 4/30/3 813-689-3601

CR2E037 (10/02)