

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000025

1. Entity Name

FREEDOM TO LEARN, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90104 041 ****61.25

Principal Place of Business

Mailing Address

20263 KINDERKEMAC AVE
PORT CHARLOTTE FL 33952

P.O. BOX 511231
PUNTA GORDA FL 33951-1231
US

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

65-0718060

Applied For

Not Applicable

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

BEASLEY, JOHN
20263 KINDERKEMAC AVE
PORT CHARLOTTE FL 33952

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

N/A

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 PD ☐ Delete
NAME BEASLEY, JOHN
STREET ADDRESS 20263 KINDERKEMAC AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

TITLE T ☐ Delete
NAME MARKS, AL
STREET ADDRESS 29005 PALM SHORES BLVD
CITY-ST-ZIP PUNTA GORDA FL 3982

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

TITLE STD ☒ Delete
NAME DRAGONETTE, SUSAN
STREET ADDRESS 342 MONACO DR
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ Change ☒ Addition
NAME STD
STREET ADDRESS Terry Champion
CITY-ST-ZIP 19916 Midway
Port Charlotte, FL 33948

TITLE VP ☐ Delete
NAME JOLIN, JOSEPH
STREET ADDRESS 3501 HERITAGE LAKES BLVD
CITY-ST-ZIP N FT MYERS FL 33917

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:

Albert R. Marks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00 941/639-1513

Date

Daytime Phone #

CR2E037 (9/99)