

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

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

001447

DOCUMENT # **N97000000025**

1. Entity Name

**FREEDOM TO LEARN, INC.**



Principal Place of Business

**20263 KINDERKEMAC AVE  
PORT CHARLOTTE FL 33952**

Mailing Address

**PO BOX 380396  
MURDOCK FL 33938-0396  
US**

2. Principal Place of Business

*see address above*

3. Mailing Address

*see P.O. Above*

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 ☒ **DPA**

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BEASLEY, JOHN  
20263 KINDERKEMAC AVE  
PORT CHARLOTTE FL 33952**

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

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**  
**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	PD	<input type="checkbox"/> Delete
NAME	BEASLEY, JOHN	
STREET ADDRESS	20263 KINDERKEMAC AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOLIN, JOSEPH	
STREET ADDRESS	3501 HERITAGE LAKES BLVD	
CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE	<del>FELDER, RAY</del> John Beasley	<input type="checkbox"/> Delete
NAME	20263 Kinderkernac Ave	
STREET ADDRESS	3070 GW CR 709	
CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<del>MCDUPP, SUZANNE</del> John Beasley	
STREET ADDRESS	20263 Kinderkernac Ave	
CITY-ST-ZIP	14394 ARMADA RD - Port Charlotte, FL 33952	
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	
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:

*John Beasley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03 941-627-6783

CR2E037 (4/03)