

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003043

1. Entity Name

CHILDREN OF FROELICHLAND, INC.

Principal Place of Business

706 TURNBULL AVE STE 102
ALTAMONTE SPRINGS FL 32701

Mailing Address

706 TURNBULL AVE STE 102
ALTAMONTE SPRINGS FL 32701

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

59-3451058

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FROELICH, JAMES K
706 TURNBULL AVE
STE 102
ALTAMONTE SPRINGS FL 32701

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.

SIGNATURE

James K Froelich
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Aug 13 2001

407 463 2228
DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

TITLE D ☐ Delete
NAME BOLLENDORF, KEITH N
STREET ADDRESS 706 TURNBULL AVE STE 102
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE D ☐ Delete
NAME FROELICH, JAMES K
STREET ADDRESS 706 TURNBULL AVE STE 102
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE D ☐ Delete
NAME BOLLENDORF, LISA I
STREET ADDRESS 706 TURNBULL AVE STE 102
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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

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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:

James K Froelich
Signature, typed or printed name of registered agent and title if applicable

Aug 13 2001

407 463 2228
DATE

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90113 022 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)