

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005953

1. Entity Name

FREEDOM ON THE ROCK, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90069 045 ****61.25

Principal Place of Business

Mailing Address

~~410 ORLANDO AVE #16A~~
~~ORLANDO FL 32801~~

~~410 ORLANDO AVE #16A~~
~~ORLANDO FL 32801~~

7147-133 Yacht Basin
Orlando, FL 32835

P.O. Box 580006
Orlando, FL 32858

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

59-3543440

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

CRAMER, CHARLES W
1420 EDGEWATER DRIVE
ORLANDO FL 32804

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 ☐ Delete
NAME LITTLE, BRYAN
STREET ADDRESS 410 ORLANDO AVE #16A
CITY-STATE-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME 7147-133 Yacht Basin Dr
STREET ADDRESS Orlando, FL 32835
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME LITTLE, MARTHA
STREET ADDRESS 410 ORLANDO AVE #16A
CITY-STATE-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME 7147-133 Yacht Basin Dr
STREET ADDRESS Orlando, FL 32835
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME COLUMBUS, REBECCA
STREET ADDRESS 8630 LANSHERE LANE
CITY-STATE-ZIP ORLANDO FL 32835

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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CITY-STATE-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Martha UP **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00 (407) 422-1800
Date Daytime Phone #

CR2E037 (9/99)