

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002857

1. Entity Name
DonnaDale Freedom Foundation, Inc.

FILED
00 JUN 30 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200003315742--9
-07/07/00--01012--009
*****61.25 *****61.25

Principal Place of Business **Mailing Address**

~~c/o Edward D. Wylam~~ ~~c/o Edward D. Wylam~~
~~Robert W. Baird & Co.~~ ~~Robert W. Baird & Co.~~
~~200 S. Orange Ave., Suite 1550~~ ~~200 S. Orange Ave., Suite 1550~~
~~Orlando, FL 32801~~ ~~Orlando, FL 32801~~

2. Principal Place of Business **3. Mailing Address**

C/O ROBERT L SVOBODA, PRES **C/O ROBERT L SVOBODA, PRES**

Suite, Apt. #, etc. Suite, Apt. #, etc.
31 FAIRWAY CIRCLE **31 FAIRWAY CIRCLE**

City & State **City & State**

NEW SMYRNA BEACH, FL **NEW SMYRNA BEACH, FL**

Zip **Country** **Zip** **Country**

32168 **USA** **32168** **USA**

4. FEI Number **Applied For**

59-3581507 **Not Applicable**

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

6. Name and Address of Current Registered Agent

F & L Corp.
The Greenleaf Building
3rd Floor
200 Laura St.
Jacksonville, FL 32201-0240

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 _____
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

TITLE P/D NAME Robert L. Svoboda STREET ADDRESS 200 S. Orange Ave. CITY-ST-ZIP Suite 1550 Orlando, FL 32801	<input type="checkbox"/> Delete
TITLE VP/T/D NAME John A. Keller STREET ADDRESS 200 S. Orange Ave. CITY-ST-ZIP Suite 1550 Orlando, FL 32801	<input type="checkbox"/> Delete
TITLE S/D NAME Donna H. Svoboda STREET ADDRESS 200 S. Orange Ave. CITY-ST-ZIP Suite 1550 Orlando, FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 31 FAIRWAY CIRCLE NEW SYMRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16 FAIRWAY CIRCLE NEW-SYMRNA-BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 31 FAIRWAY CIRCLE NEW SYMRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert L. Svoboda* *June 28 2000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

SP