

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002857

1. Entity Name

DONNADALE FREEDOM FOUNDATION, INC.

Principal Place of Business

Mailing Address

% ROBERT L. SVOBODA
31 FAIRWAY CIRCLE
NEW SMYRNA BEACH FL 32168

% ROBERT L. SVOBODA
31 FAIRWAY CIRCLE
NEW SMYRNA BEACH FL 32168

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

59-3581507

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

F&L CORP.
THE GREENLEAF BUILDING, THIRD FLOOR
200 LAURA STREET
JACKSONVILLE FL 32201-0240

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 PD
NAME SVOBODA, ROBERT L
STREET ADDRESS 31 FAIRWAY CIRCLE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Delete

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

TITLE T
NAME KELLER, JOHN A
STREET ADDRESS 16 FAIRGREEN AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☒ Delete

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

TITLE SD
NAME SVOBODA, DONNA H
STREET ADDRESS 31 FAIRWAY CIRCLE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Delete

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

TITLE VP
NAME ALESSANDRI, JUDITH A
STREET ADDRESS 42504 LAKE SUCCESS DRIVE
CITY-ST-ZIP NORTHVILLE MI 48167 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer
NAME Robert L. Svo boda, Jr.
STREET ADDRESS 329 Moross
CITY-ST-ZIP Gross Pointe Farms, MI 48236 ☒ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

June 6, 2002

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90397 035 ****61.25



DO NOT WRITE IN THIS SPACE

0001712

CR2E037 (9/01)