

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003895

1. Entity Name

FREEDOM FOR LIFE INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90106 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

11291 COUNTRYWOOD COURT  
SPRING HILL FL 34609

11291 COUNTRYWOOD COURT  
SPRING HILL FL 34609-9125

2. Principal Place of Business

13171 Spring Hill Dr  
Suite, Apt. #, etc.

3. Mailing Address

13171 Spring Hill  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Spring Hill FL

City & State

Spring Hill FL

4. FEI Number

59-3605523

Applied For

Not Applicable

Zip

34609

Country

US

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOLFE, MICHAEL  
1876 NORTH UNIVERSITY DR., #300  
PLANTATION FL 33322

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 PD  
NAME NOBLE, JAMES  
STREET ADDRESS 11291 COUNTRYWOOD COURT  
CITY-ST-ZIP SPRING HILL FL 34609 ☐ Delete

TITLE VPD  
NAME ~~PATAKAS, KATHY~~  
STREET ADDRESS 11291 COUNTRYWOOD COURT  
CITY-ST-ZIP SPRING HILL FL 34609 ☒ Delete

TITLE STD  
NAME WOLFE, MICHAEL  
STREET ADDRESS 11291 COUNTRYWOOD COURT  
CITY-ST-ZIP SPRING HILL FL 34609 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Carol Chan VP  
NAME 13671 Spring Hill, FL  
STREET ADDRESS 34609 ☒ Change ☐ Addition

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

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

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

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/1/00

Daytime Phone #

352  
686-3005

CR2E037 (9/99)