

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90144 008 ***150.00

DOCUMENT # P01000102840

1. Entity Name
FREEHOLD MANAGEMENT, INC.



Principal Place of Business
**1007 NORTH FEDERAL HIGHWAY
SUITE 134
FT. LAUDERDALE FL 33304**

Mailing Address
**1007 NORTH FEDERAL HIGHWAY
SUITE 134
FT. LAUDERDALE FL 33304**



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 **65-1146713**

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

Name **VERNON STRICKLAND**
Street Address (B.O. Box Number is Not Acceptable) **620 NE 28th St.**
City **Ft. Lauderdale** **FL** **33334**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **VERNON STRICKLAND, PSTD Jan 11, 2003**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing: ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **STRICKLAND, VERNON L III**
CITY-ST-ZIP **1007 NORTH FEDERAL HIGHWAY SUITE 134
FT. LAUDERDALE FL 33304**

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

TITLE ☐ Delete
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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 607, Florida Statutes; and that my name appears in Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **VERNON STRICKLAND, PSTD 954-610-3710**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

032661 AV

CR2E034 (10/02)