

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90196 032 ***150.00

DOCUMENT # P98000038963

1. Entity Name

FREEDOM GROUP-CALIFORNIA, INC.

Principal Place of Business

**783 S ORANGE AVE
 STE 200
 SARASOTA FL 34236**

Mailing Address

**783 S ORANGE AVE
 STE 200
 SARASOTA FL 34236**

2. Principal Place of Business

1226 N. Tamiami Trail

3. Mailing Address

1226 N. Tamiami Trail

Suite, Apt. #, etc

#100

Suite, Apt. #, etc

#100

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34236

Country

USA

Zip

34236

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0836514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSKAMP, BRIAN R
 783 S ORANGE AVE
 SUITE 200
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name: **Gregory L. Patterson**

Street Address (P.O. Box Number is Not Acceptable): **1226 N. Tamiami Trail**

#100

City: **Sarasota**

FL

Zip Code: **34236**

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.

Gregory L. Patterson

1/30/02

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSKAMP, ROBERT	
STREET ADDRESS	783 S ORANGE AVE-STE 200	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CORBETT, JAMES P	
STREET ADDRESS	783 S ORANGE AVE-STE 200	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROSKAMP, BRIAN R	
STREET ADDRESS	783 S ORANGE AVE-STE 200	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSKAMP, Robert	
STREET ADDRESS	1226 N. Tamiami Trail Suite 100	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Corbett, James P	
STREET ADDRESS	1226 N. Tamiami Trail, Suite 100	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSKAMP, BRIAN R	
STREET ADDRESS	1226 N. Tamiami Trail, Suite 100	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert G. Roskamp

1/30/02

941-954-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)