

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074330

1. Entity Name

FREEDOM TRUST INVESTMENT SERVICES, INC.

FILED

Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90092 037 \*\*\*150.00

Principal Place of Business

1430 GENE STREET  
WINTER PARK FL 32789

Mailing Address

1430 GENE STREET  
WINTER PARK FL 32794-0251

2. Principal Place of Business

1000 Winderley Pl  
Suite, Apt. #, etc.  
#123

3. Mailing Address

PO Box 940251  
Suite, Apt. #, etc.

City & State

Maitland

City & State

Maitland FL

Zip

FL 32789 USA

Zip

32794

Country

USA

4. FEI Number

59-3530577

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHROTH, ROBERT T  
1430 GENE STREET  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Schroth, Robert T  
Street Address (P.O. Box Number is Not Acceptable)  
1000 Winderley Pl #123

City

Maitland

FL

Zip Code

32751

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)

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, 2000 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 P  
NAME SCHROTH, ROBERT T  
STREET ADDRESS 1430 GENE ST  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE VP  
NAME HAUGABROOKS, SHERRARD  
STREET ADDRESS 1430 GENE ST  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Robert Schroth  
STREET ADDRESS PO Box 940251  
CITY-ST-ZIP Maitland, FL 32794 ☒ Change ☐ Addition

TITLE VP  
NAME Sherrard Haugabrooks  
STREET ADDRESS PO Box 940251  
CITY-ST-ZIP Maitland, FL 32794 ☒ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)