

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000087037**

1. Entity Name

**FREEDOM TEAM, INC.****FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90051 029 \*\*\*150.00

Principal Place of Business

**10310 SOUTH US HWY 441**  
**BELLEVUE FL 34420**

Mailing Address

**10310 SOUTH US HWY 441**  
**BELLEVUE FL 34420**

2. Principal Place of Business

**13190 SE Hwy 484**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 1028**  
Suite, Apt. #, etc.

City &amp; State

**BELLEVUE, FL**

City &amp; State

**BELLEVUE, FL**

4. FEI Number

**59-3599888**

Applied For

Not Applicable

Zip

**34420**

Country

Zip

**34421**

Country

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

**CHAMBERLIN, RYAN C**  
**10310 SOUTH US HWY 441**  
**BELLEVUE FL 34420**

Name

**RYAN D. CHAMBERLIN**  
Street Address (P.O. Box Number is Not Acceptable)**5410 SE 110TH ST**

City

**BELLEVUE**

FL

Zip Code

**34420**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAMBERLIN, RYAN D</b>	NAME	
STREET ADDRESS	<b>5410 SE 110TH ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEVUE FL 34420</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEEKLEY, RANDALL E</b>	NAME	
STREET ADDRESS	<b>2070 SE 50TH TERRACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2-6-01** **352-307-9060**

Daytime Phone #

CR2E034 (10/00)