

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097269

1. Entity Name

FREAK OF NATURE, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90147 043 \*\*\*550.00

Principal Place of Business

Mailing Address

~~1400 VILLAGE BOULEVARD~~  
~~WEST PALM BEACH FL 33409~~

~~1400 VILLAGE BOULEVARD~~  
~~WEST PALM BEACH FL 33409~~

1200 Clint Moore Road #1  
 Boca Raton, FL 33487

← SAME

2. Principal Place of Business

3. Mailing Address

1200 CLINT MOORE RD  
 Suite, Apt. #, etc.  
 #1

SAME  
 Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL

Zip  
 33487

Country  
 USA

Zip

Country

4. FEI Number

65-0966644

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

GRIECO, MARK M ESQ.  
 3109 45TH STREET  
 SUITE 100  
 WEST PALM BEACH FL 33407

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSMAN, VINCE		NAME	
STREET ADDRESS	1400 VILLAGE BOULEVARD		STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-ST-ZIP	
TITLE	<b>VICE-PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BITTMAN, EDWARD		NAME	
STREET ADDRESS	8737 ESCONDIDO WAY		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433		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, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

9/18/00

Date

(561) 862-1010

Daytime Phone #

CR2E034 (5/00)