

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90006 048 ***150.00

DOCUMENT # P99000098939

1. Entity Name
FREE NAME REGISTRY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 396
 CLEARWATER FL 33757

P.O. BOX 396
 CLEARWATER FL 33757-0396

2. Principal Place of Business

P.O. BOX 1714

3. Mailing Address

P.O. BOX 1714

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-3608625

Applied For

Not Applicable

Zip

33757

Country

US

Zip

33757

Country

US

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

MATHENY, R. DWIGHT
1247 S. GREEN WOOD AVE., #S205
CLEARWATER FL 33756

Name

Street Address (P.O. Box Number is Not Acceptable)

229 FLORIDA AVE

City

DUNEDIN

FL

Zip Code
34698

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

[Handwritten Signature]

3-13-2000

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P DWIGHT MATHENY	
STREET ADDRESS	229 FLORIDA AVE	
CITY-ST-ZIP	DUNEDIN FLORIDA 34698	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V CHAD KEMMERLIN	
STREET ADDRESS	105 S. CIRUS AVE.	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T JEANNE MATHENY	
STREET ADDRESS	229 FLORIDA AVE.	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S CATHY KEMMERLIN	
STREET ADDRESS	105 S. CIRUS AVE	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R D ROBERT REFO	
STREET ADDRESS	200 STARCREST DR. # 269	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D ANGIE REFO	
STREET ADDRESS	200 STARCREST DR # 269	
CITY-ST-ZIP	CLEARWATER, FL 33765	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Handwritten Signature]* **JEANNE MATHENY** **3-13-00** **727-461-9612**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)