

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098939

1. Entity Name

FREE NAME REGISTRY, INC.

Principal Place of Business

P.O. BOX 396  
CLEARWATER FL 33757

Mailing Address

P.O. BOX 396  
CLEARWATER FL 33757-0396

2. Principal Place of Business

P.O. BOX 1714

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1714

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip 33757

Country US

City & State

CLEARWATER, FL

Zip 33757

Country US

4. FEI Number

59-3608625

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

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

3-13-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*[Signature]* JEANNE MATHENY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-13-00

Daytime Phone #

727-461-9612

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE