2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000108467** Feb 26, 2000 8:00 am **Secretary of State** FREEDOM PROPERTY COMPANY OF WEST CENTRAL FLORIDA 02-26-2000 90030 001 ***150.00 Mailing Address Principal Place of Business P.O. BOX 66715 10061 PARADISE BLVD. ST. PETERSBURG FL 33706 ST. PETERSBURG FL 33706 3. Mailing Address 2. Principal Place of Business 16835 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59-3612682 City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 33 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEYERS, JOSEPH A Street Address (P.O. Box Number is Not Acceptable) 801 W. BAY DRIVE, SUITE 200 **LARGO FL 33770** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Delete TITLE TITLE BROOKS, MAIDA D NAME STREET ADDRESS STREET ADDRESS P.O. BOX 66715 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33706 ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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.