

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000745

1. Entity Name

EMERALD FIRST FINANCIAL LLC

FREEDOMATION FINANCIAL LLC

Principal Place of Business

6462 CITY WEST FINANCIAL  
EDEN PRAIRIE MN 55344

Mailing Address

6462 CITY WEST FINANCIAL  
EDEN PRAIRIE MN 55344

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB 14 PM 2:22



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-1887503

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
% CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME MACK, JEFFREY C  
STREET ADDRESS 6462 CITY WEST PARKWAY  
CITY- ST- ZIP EDEN PRAIRIE MN 55344

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY- ST- ZIP ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition  
NAME 1000031484 ☐ Change ☐ Addition  
STREET ADDRESS -02/25/00--01102--014  
CITY- ST- ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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STREET ADDRESS ☐ Change ☐ Addition  
CITY- ST- ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)

# FREEDOM nation™ Financial

6462 City West Parkway, Minneapolis, MN 55344

(612) 837-0073

Fax: (612) 837-0074

February 10, 2000

Division of Corporations  
Registration Section  
409 E Gaines Street  
Tallahassee, FL 32399

Re: 2000 Uniform Business Report

Dear Sir or Madam:

Enclosed please find the 2000 Uniform Business Report, along with all necessary attachments and fees.

Please call me at (612) 837-0221 if you have any questions.

Sincerely,



Jill Fischer  
Legal Department

Enclosures