

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90001 026 \*\*\*550.00

**DOCUMENT # F01000001036**

**1. Entity Name**  
**FREEDOM INTERACTIVE NEWSPAPERS OF FLORIDA, INC.**

**Principal Place of Business**

**17666 FITCH**  
**IRVINE CA 92614**

**Mailing Address**

**17666 FITCH**  
**IRVINE CA 92614**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3694133**

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**

**NRAI SERVICES, INC.**  
**526 E. PARK AVENUE**  
**TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.**

**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, 2002 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LUTZ, SUE</b> <b>5016 GULF DRIVE, #5</b> <b>PANAMA CITY BEACH FL 32408</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <b>JoAnne Norton</b> <b>17666 Fitch</b> <b>Irvine, CA 92614</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>KUYKENDALL, DAVID L</b> <b>17666 FITCH</b> <b>IRVINE CA 92614</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <b>Katherine Bartzoff</b> <b>17666 Fitch</b> <b>Irvine, CA 92614</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WALLACE, RICHARD A</b> <b>17666 FITCH</b> <b>IRVINE CA 92614</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WHITTON, JEFFREY M</b> <b>17666 FITCH</b> <b>IRVINE CA 92614</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>David L. Kuykendall</b> <b>17666 Fitch</b> <b>Irvine, CA 92614</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>WOLGEMUTH, SAMUEL C</b> <b>17666 FITCH</b> <b>IRVINE CA 92614</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REDFERN, RON</b> <b>17666 FITCH</b> <b>IRVINE CA 92614</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Samuel C. Wolgemuth</b> <b>17666 Fitch</b> <b>Irvine, CA 92614</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E034 (4/02)

**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:**

**Katherine Bartzoff, Asst. Secty. 8-20-02**

**949-253-2300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Attachment*



**Katherine Bartzoff**  
Legal Assistant

17666 Fitch • Irvine, CA 92614  
Reply to: P.O. Box 19549 • Irvine, CA 92623  
E-Mail: [katie\\_bartzoff@link.freedom.com](mailto:katie_bartzoff@link.freedom.com)  
(949) 253-2386 • Fax (949) 798-3524

August 28, 2002

**VIA AIRBORNE**

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
409 East Gaines Street  
Tallahassee, FL 32399

**Re: Freedom Interactive Newspapers of Florida, Inc.**  
**Document No.: F01000001036**

*677423*

Dear Sir or Madam:

Enclosed please find an original and one (1) copy of the 2002 Uniform Business Report to be filed on behalf of the above-referenced entity.

Please file the original and return the extra copy, file-stamped, to the undersigned in the envelope provided. Also enclosed is a check for \$550.00 representing payment of the filing fee.

If you should have any questions, please feel free to contact me.

Sincerely,

Katherine Bartzoff  
Legal Assistant

Enclosures

cc: Rachel L. Sagan, Esq. (w/o enclosures)