

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90149 004 ***150.00

0610570. AT

DOCUMENT # F01000005327

1. Entity Name

FREEDOM FINANCIAL INVESTMENTS, INC.

Principal Place of Business

**17500 BLONDO STREET
 OMAHA NE 68116**

Mailing Address

**17500 BLONDO STREET
 OMAHA NE 68116**

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

47-0812710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENDZIOR, RICHARD A
 1422 NW 110TH TERRACE
 GAINESVILLE FL 32606**

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

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, 2002 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	PCD PIERCE, JON P	<input type="checkbox"/> Delete
STREET ADDRESS	17500 BLONDO STREET	
CITY-ST-ZIP	OMAHA NE	
TITLE NAME	VD PIERCE, CAROLYN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	17500 BLONDO STREET	
CITY-ST-ZIP	OMAHA NE	
TITLE NAME	ST WINN, GARY	<input type="checkbox"/> Delete
STREET ADDRESS	17500 BLONDO STREET	
CITY-ST-ZIP	OMAHA NE	
TITLE NAME	D CASPER, MIKE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	17500 BLONDO STREET	
CITY-ST-ZIP	OMAHA NE	
TITLE NAME	D VERBLE, MIKE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	17500 BLONDO STREET	
CITY-ST-ZIP	OMAHA NE	
TITLE NAME	D CALVIN, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	17500 BLONDO STREET	
CITY-ST-ZIP	OMAHA NE	

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

SIGNATURE:

GARY D WINN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (40)289-0450
 Date Daytime Phone #

CR2E034 (9/01)