

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004411

1. Entity Name

FREEDOM FINANCIAL CORPORATION OF INDIANA

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90043 026 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 3027
 LOUISVILLE KY 40204

2669 CHARLESTOWN RD
 SUITE D
 NEW ALBANY IN 47150-2573
 US

2. Principal Place of Business

2669 Charlestown Road

3. Mailing Address

Suite, Apt. #, etc.

Suite D

City & State

New Albany, IN

Zip

47150

Country

USA

Country

4. FEI Number

35-1634756

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

BREWTON, WILBUR E
 225 S. ADAMS STREET, STE 250
 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.

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, 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 ☐ Delete
 NAME COLLETT, W B
 STREET ADDRESS 500 N CONGRESS AVE, #D100
 CITY-ST-ZIP DELRAY BEACH FL 33445

1750 S. Kings Highway
 Ft. Pierce, FL 34945

TITLE ☐ Delete
 NAME COLLETT JR., W B
 STREET ADDRESS 500 N CONGRESS AVE, #D100
 CITY-ST-ZIP DELRAY BEACH FL 33445

1750 S. Kings Highway
 Ft. Pierce, FL 34945

TITLE ☐ Delete
 NAME HURD, ROBERT L
 STREET ADDRESS #7 PARTRIDGE RUN
 CITY-ST-ZIP WARREN NJ

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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 an other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-2000

Date

466-6870

Daytime Phone #

CR2E034 (9/99)