

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001882

1. Entity Name

INSTITUTE FOR FINANCIAL INDEPENDENCE, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90046 010 *****61.25

0088441

Principal Place of Business

Mailing Address

2112 PARK HILL ROAD
TAHLEQUAH OK 74464
US

2112 PARK HILL ROAD
TAHLEQUAH OK 74464
US

C0043041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

308 N. 9th Street

Suite, Apt. #, etc.

3. Mailing Address

308 N. 9th Street

Suite, Apt. #, etc.

City & State

Independence, KS

City & State

Independence, KS

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

67301

Country

USA

Zip

67301

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROWLEY, STEVE
4631 NW 31ST AVE
SUITE 128
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCCORMICK, MARC ☐ Delete
STREET ADDRESS 2112 PARK HILL ROAD
CITY-ST-ZIP TAHLEQUAH OK 74464

TITLE VD
NAME MCCORMICK, JOE ☐ Delete
STREET ADDRESS 2112 PARK HILL ROAD
CITY-ST-ZIP TAHLEQUAH OK 74464

TITLE AVD
NAME MCCORMICK, ALICE ☐ Delete
STREET ADDRESS 2112 PARK HILL ROAD
CITY-ST-ZIP TAHLEQUAH OK 74464

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME McCormick, Marc
STREET ADDRESS 308 N. 9th Street
CITY-ST-ZIP Independence, KS 67301

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required*

4-1-01

620/331-0995 or 332-3723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)