

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000002402**

1. Entity Name

CONSTITUTIONAL FREEDOMS COMMITTEE, INC.

Principal Place of Business

**P O BOX 562
LAKE ALFRED FL 33850**

Mailing Address

**P O BOX 562
LAKE ALFRED FL 33850**

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

59-3518462

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

**NIGG, HERBERT N
700 S ILAKEE AVE
LAKE ALFRED FL 33850**

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	CD	<input type="checkbox"/> Delete
NAME	NIGG, HERBERT N	
STREET ADDRESS	700 S. ILAKEE AVENUE	
CITY-ST-ZIP	LAKE ALFRED FL 33850	

TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPSON, S.E.	
STREET ADDRESS	110 N. NEKOMA	
CITY-ST-ZIP	LAKE ALFRED FL 33850-2022	

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBNETT, T.G.	
STREET ADDRESS	4073 LAKE MARIANNA DRIVE	
CITY-ST-ZIP	LAKE ALFRED FL 33850	

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Herbert N. Nigg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/13/01**
Date**823-956-1151**
Daytime Phone #**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90104 019 ****61.25

605882

DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)