

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90065 034 ***158.75

DOCUMENT # P32682

1. Entity Name

RAM FINANCIAL CORPORATION OF INDIANA

Principal Place of Business

**240 S PINEAPPLE AVE
 STE 855
 SARASOTA FL 34236
 US**

Mailing Address

**P O BOX 49528
 SARASOTA FL 34230
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1999 Lincoln Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

City & State

Sarasota, Florida

City & State

4. FEI Number

35-1308304

Applied For

Not Applicable

Zip
34236

Country
USA

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BORNE, STUART, ESQ.

240 SOUTH PINEAPPLE AVENUE

SUITE 855

SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Malkin, John C.

Street Address (P.O. Box Number is Not Acceptable)

1999 Lincoln Drive

Suite 101

City
Sarasota, FL

FL

Zip Code
34236

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

2/25/02

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

TITLE	PD <input type="checkbox"/> Delete
NAME	MALKIN, ROBERT A.
STREET ADDRESS	240 S PINEAPPLE AVE #855
CITY-ST-ZIP	SARASOTA FL
TITLE	V <input type="checkbox"/> Delete
NAME	MALKIN, JOHN C
STREET ADDRESS	240 S PINEAPPLE AVE #855
CITY-ST-ZIP	SARASOTA FL
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1999 Lincoln Drive, Suite #101
CITY-ST-ZIP	Sarasota, FL 34236
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1999 Lincoln Drive, Suite #101
CITY-ST-ZIP	Sarasota, FL 34236
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
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 all other like empowered.

SIGNATURE:

Christopher Malkin, Vice President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02

(941)366-1004

Date

Daytime Phone #

CR2E034 (9/01)