

2000 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jul 13, 2000 8:00 am
Secretary of State

05-30-2000 90083 023 ***550.00

DOCUMENT # P99000068782

1. Entity Name

FREEDOM ARMS COLLECTORS ASSOCIATION, INC.

R

Principal Place of Business

9720 SW 142ND DRIVE
 MIAMI FL 33176

Mailing Address

9720 SW 142ND DRIVE
 MIAMI FL 33176-6742

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

65-0963142

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

TUTTLE, WILLIAM B
9720 SW 142ND DRIVE
MIAMI FL 33176

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

William B. Tuttle
WILLIAM B. TUTTLE

Signature, typed or printed name of registered agent and title if applicable

William B. Tuttle

(NOTE: Registered Agent signature required when reinstating)

5-16-00

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

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | DIRECTOR | <input type="checkbox"/> Delete |
| NAME | ROBERT BAKER | |
| STREET ADDRESS | 1 FREEDOM LANE | |
| CITY-ST-ZIP | FREEDOM, WY 83120 | |
| TITLE | LAUREY KELLY-DIRECTOR | <input type="checkbox"/> Delete |
| NAME | 41312 EXECUTIVE DR. | |
| STREET ADDRESS | HUNTERDON TOWNSHIP, NJ 84054 | |
| CITY-ST-ZIP | | |
| TITLE | DIRECTOR | <input type="checkbox"/> Delete |
| NAME | JOHN TAFFIN | |
| STREET ADDRESS | 6410 RAMONA LN. | |
| CITY-ST-ZIP | BOISE, ID 83704 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Delete |
| NAME | WAYNE BAKER | |
| STREET ADDRESS | 1 FREEDOM LANE | |
| CITY-ST-ZIP | FREEDOM, WY 83120 | |
| 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 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 | | |
| 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:

William B. Tuttle
WILLIAM B. TUTTLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-16-00 305-251-0403

4236

CR2E034 (9/99)