

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000108512**1. Entity Name
FREEDOM FINANCIAL MORTGAGE CORPORATION**Principal Place of Business**

2180 IMMOKALEE ROAD STE 206

NAPLES
341053203

FL

Mailing Address

2180 IMMOKALEE ROAD STE 206

NAPLES
341053203

FL

2. Principal Place of Business

421 EAST COOK RD.

Suite, Apt. #, etc.
SUITE 200City & State
FORT WAYNE INZip
46825

Country

3. Mailing Address

421 EAST COOK RD.

Suite, Apt. #, etc.
SUITE 200City & State
FORT WAYNE INZip
46825

Country

4. FEI Number
59-3613716

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 AgentSINN RODNEY J
2180 IMMOKALEE ROAD STE 206NAPLES
341053203

FL

7. Name and Address of New Registered Agent

Name

BLOOM SUSAN K

Street Address (P.O. Box Number is Not Acceptable)
4451 BAY BEACH LN.

UNIT 453

City
FORT MYERS BEACH

FL

Zip Code
33931

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 **SUSAN K. BLOOM****05/01/2001**

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, 2001 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON J. WESLEY	
STREET ADDRESS	6417 GEORGETOWN N BLVD	
CITY-ST-ZIP	FT WAYNE IN 46805	
TITLE	D	<input type="checkbox"/> Delete
NAME	OBERLIN DANIEL D	
STREET ADDRESS	6417 GEORGETOWN N BLVD	
CITY-ST-ZIP	FT WAYNE IN 46805	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINN RODNEY J	
STREET ADDRESS	3180 IMMOKALEE ROAD STE 206	
CITY-ST-ZIP	NAPLES FL 341053203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOOM A. DALE	
STREET ADDRESS	200 EAST MAIN STREET	
CITY-ST-ZIP	FORT WAYNE IN 46802	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE TRACY A	
STREET ADDRESS	9818 BITTER END COVE	
CITY-ST-ZIP	FORT WAYNE IN 46835	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS DERRICK	
STREET ADDRESS	12815 PACIFICA PLACE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT ROBIN W	
STREET ADDRESS	17318 DAWKINS RD.	
CITY-ST-ZIP	NEW HAVEN IN 46774	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINN RODNEY J	
STREET ADDRESS	7025 TREE TOP TRAIL	
CITY-ST-ZIP	FORT WAYNE IN 46845	
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: ROBIN W. HUNT

D

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)