

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90126 050 ***150.00

DOCUMENT # F96000005647

1. Entity Name

FRONTIER VILLAGE COMPANY, LTD.

Principal Place of Business

**PO BOX 6588
 SURFSIDE FL 33154**

Mailing Address

**PO BOX 6588
 SURFSIDE FL 33154**

2. Principal Place of Business

1111 Kane Concourse

3. Mailing Address

1111 Kane Concourse

Suite, Apt. #, etc.

#609

Suite, Apt. #, etc.

#609

City & State

Bay Harbor Islands, FL

City & State

Bay Harbor Islands, FL

Zip

33154

Country

USA

Zip

33154

Country

4. FEI Number

56-1188311

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

LYONS, IRMA BAKER

1111 KANE CONCOURSE #609

BAY HARBOR ISLANDS FL 33154

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

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 ☐ Delete
 NAME **DCPS**
 STREET ADDRESS **LYONS, JAMES F TRUSTEE**
 CITY-ST-ZIP **1111 KANE CONCOURSE #609
 BAY HARBOR ISLANDS FL 33154**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **LYONS, JAMES F**
 CITY-ST-ZIP **1111 KANE CONCOURSE #609
 BAY HARBOR ISLANDS FL 33154**

TITLE ☐ Delete
 NAME **VPS**
 STREET ADDRESS **LYONS, IRMA BAKER**
 CITY-ST-ZIP **1111 KANE CONCOURSE #609
 BAY HARBOR ISLAND FL 33154**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)