

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

UNIFORM BUSINESS REPORT

**DOCUMENT # F96000005647**



1. Entity Name  
**FRONTIER VILLAGE COMPANY, LTD.**

01-27-2003 90328 050 \*\*\*150.00

Principal Place of Business  
1111 KANE CONCOURSE  
#609  
SURFSIDE FL 33154  
US

Mailing Address  
1111 KANE CONCOURSE  
#609  
SURFSIDE FL 33154  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-1188311**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**LYONS, IRMA BAKER**  
**1111 KANE CONCOURSE #609**  
**BAY HARBOR ISLANDS FL 33154**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DCPS	LYONS, JAMES F TRUSTEE		
1111 KANE CONCOURSE #609	BAY HARBOR ISLANDS FL 33154		
T	LYONS, JAMES F		
1111 KANE CONCOURSE #609	BAY HARBOR ISLANDS FL 33154		
VPS	LYONS, IRMA BAKER		
1111 KANE CONCOURSE #609	BAY HARBOR ISLAND FL 33154		

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 607, 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: Yolanda Figueroa Accountant 1/23/03 (305) 868-1188  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)