

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K44305**

1. Entity Name  
**GARY FRONRATH ENTERPRISES, INC.**

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90021 024 \*\*\*150.00

Principal Place of Business  
**4901 N FEDERAL HWY  
STE 350  
FT. LAUDERDALE FL 33308  
US**

Mailing Address  
**4901 N. FEDERAL HWY  
SUITE 350  
FT LAUDERDALE FL 33308  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5353 N FEDERAL HWY**

3. Mailing Address  
**5353 N FEDERAL HWY**

Suite, Apt. #, etc.  
**STE 204**

Suite, Apt. #, etc.  
**STE 204**

City & State  
**FORT LAUDERDALE, FL**

City & State  
**FORT LAUDERDALE, FL**

4. FEI Number **59-2915420**

Applied For  
☐ Not Applicable

Zip Country  
**33308 US**

Zip Country  
**33308 US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DORER, ERIC J  
30 NE 3RD STREET  
FT LAUDERDALE FL 33301**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PT FRONRATH, GARY 4901 N. FEDERAL HWY, SUITE 350 FT LAUDERDALE FL 33308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT FRONRATH, GARY 1300 N. FEDERAL HWY. FORT LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS WILLIAMS, BARBARA 4901 N. FEDERAL HWY, SUITE 350 FT LAUDERDALE FL 33308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5353 N FEDERAL HWY STE 204 FORT LAUDERDALE, FL 33308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5353 N FEDERAL HWY STE 204 FORT LAUDERDALE, FL 33308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5353 N FEDERAL HWY STE 204 FORT LAUDERDALE, FL 33308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara Williams **Barbara Williams, VS** **4/5/01** **954 489 3973**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)