

2001 UNIFORM BUSINESS REPORT (UBR)

0016389 AF

DOCUMENT # L00000014795

1. Entity Name
FRONTIER VILLAGE, L.L.C.

FILED

01 MAR 15 AM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
6131 NW 30TH AVE.
BOCA RATON FL 33496

Mailing Address
6131 NW 30TH AVE.
BOCA RATON FL 33496

2. Principal Place of Business
5140 Davie Rd. Ext
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Davie FL

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33314

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIGGINS, KEVIN
6131 NW 30TH AVE.
BOCA RATON FL 33496

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WIGGINS, KEVIN TRUSTEE
6131 NW 30TH AVE.
BOCA RATON FL 33496 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Kevin Wiggins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/1/01

Daytime Phone #

CR2E083 (11/00)