

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000000599**

1. Entity Name

CAMP FRONTIER, INC.

Principal Place of Business

**18050 US HWY 301S
WIMAUMA FL 33598**

Mailing Address

**P O BOX 2555
RIVERVIEW FL 33568**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2153398

Applied For

Not Applicable

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

**COLLAR, BRIAN
11309 MCMULLEN RD
RIVERVIEW FL 33568**

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 \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete**D
COLLAR, BRIAN
11309 MCMULLEN RD
RIVERVIEW FL 33568**TITLE ☐ Delete**D
NARRON, SANDRA
11534 LOWE ROAD
LARGO FL 33774**TITLE ☐ Delete**D
COLLAR, DIANNE
11309 MCMULLEN RD
RIVERVIEW FL 33568**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition**No Change**TITLE ☐ Change ☐ Addition**No Change**TITLE ☐ Change ☐ Addition**No Change**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

SPRING REQUIRED**5/1/01****888-977-2267****FILED
May 21, 2001 8:00 am
Secretary of State**

05-21-2001 90344 037 ****70.00

658934

DO NOT WRITE IN THIS SPACE

0087419

CR2E037 (10/00)