

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000599

1. Entity Name

CAMP FRONTIER, INC.

Principal Place of Business

Mailing Address

18050 US HWY 301 S
WIMAUMA FL 33598

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

BRIAN COLLAR

Street Address (P.O. Box Number is Not Acceptable)

11249 McMullen Rd

Riverview, FL 33569

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

5/29/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME COLLAR, BRIAN
STREET ADDRESS 11309 MCMULLEN RD
CITY-ST-ZIP RIVERVIEW FL 33568

TITLE D ☒ Change ☐ Addition
NAME BRIAN L COLLAR
STREET ADDRESS 11249 McMullen Rd
CITY-ST-ZIP Riverview, FL 33569

TITLE D ☐ Delete
NAME NARRON, SANDRA
STREET ADDRESS 11534 LOWE ROAD
CITY-ST-ZIP LARGO FL 33774

TITLE ☐ Change ☐ Addition
NAME => No Change
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COLLAR, DIANNE
STREET ADDRESS 11309 MCMULLEN RD
CITY-ST-ZIP RIVERVIEW FL 33568

TITLE D ☒ Change ☐ Addition
NAME DIANNE V. COLLAR
STREET ADDRESS 11249 McMullen Rd
CITY-ST-ZIP Riverview, FL 33569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-
5/29/02 612-0627

CR2E037 (9/01)