

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90234 020 \*\*\*150.00

**DOCUMENT # P00000062593**

1. Entity Name

**THE NORTHSTAR FAMILY INC.**

Principal Place of Business

613 CRESTVIEW CT.  
 KISSIMMEE FL 34741

Mailing Address

613 CRESTVIEW CT.  
 KISSIMMEE FL 34741

2. Principal Place of Business

2243 Aaron Ave  
 Suite, Apt. #, etc.

3. Mailing Address

2243 Aaron Ave  
 Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando FL

Zip

32811

Country

U.S.

Zip

32811

Country

U.S.

4. FEI Number

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

FRZIER, GARRY  
 613 CRESTVIEW CT.  
 KISSIMMEE FL 34741

Name **GARRY FRAZIER**

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

2243 Aaron Ave

City

Orlando

FL

Zip Code

32811

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **GARRY FRAZIER** ☐ Delete  
 NAME **owner**  
 STREET ADDRESS **2243 Aaron Ave**  
 CITY-ST-ZIP **Orlando, FL 32811**

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

TITLE **do-agent** ☒ Delete  
 NAME **Kanitha Powell**  
 STREET ADDRESS **P.O. Box 141524**  
 CITY-ST-ZIP **Orlando, FL 32814**

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

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

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:

**GARRY FRAZIER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01  
 Date

(407) 426-1246  
 Daytime Phone #

CR2E034 (10/00)