

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000023413

1. Entity Name

FRISCO NORTH, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90864 048 ***150.00

Principal Place of Business	Mailing Address
MENDOZA, GALLAS & SCHILLING 251 ROYAL PALM WAY, 6TH FL. 602 PALM BEACH FL 33480 US	MENDOZA, CALLA & SCHILLING 251 ROYAL PALM WAY, 6TH FL. 602 PALM BEACH FL 33480-4300 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0474122	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE MENDOZA, MARIO G III 251 ROYAL PALM WAY 6TH FL PALM BEACH FL 33480	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE MENDOZA, MARIO G. III	NAME	
STREET ADDRESS	251 ROYAL PALM WAY, 6TH FL	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, DEBRA	NAME	
STREET ADDRESS	251 ROYAL PALM WAY, 6TH FL	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	CITY-ST-ZIP	
TITLE	PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE MENDOZA, MARIO G III	NAME	
STREET ADDRESS	251 ROYAL PALM WAY 6TH FL	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARAGON, JOHN F	NAME	
STREET ADDRESS	251 ROYAL PALM WAY STE 602	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	IRONS, G. CHESTER
STREET ADDRESS		STREET ADDRESS	251 Royal Palm Way, Suite 602
CITY-ST-ZIP		CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 my address, with all other like empowered.

SIGNATURE: Mario G. de Mendoza, III, Pres. (561) 659-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)