

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044654

1. Entity Name

FROST GRANDDAUGHTER, INC.

Principal Place of Business  
1939 N.E. 15 AVE.  
FT. LAUDERDALE FL 33305

Mailing Address  
1939 N.E. 15 AVE.  
FT. LAUDERDALE FL 33305-3222

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  
65-0836821      Applied For  
Not Applicable

5. Certificate of Status Desired       \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FROST, JUDITH F  
1939 N.E. 15 AVE.  
FT. LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)  **After MAY 1, 2000 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	DP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, JUDITH A.F.		NAME
STREET ADDRESS	1939 N.E. 15 AVE.		STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL 33305		CITY-ST-ZIP
TITLE	DS	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY, KATHERINE E		
STREET ADDRESS	1480 LACOSTA DR. WEST		
CITY-ST-ZIP	PEMBROKE PINES FL 33027		
TITLE	DT	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAGELE, DIANA Y		
STREET ADDRESS	P.O. BOX 220		
CITY-ST-ZIP	CITRA FL 32113-0220		
TITLE	DVP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSSETT, HELEN M		
STREET ADDRESS	3900 S.W. 56 ST.		
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: *Judith Frost Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/00 954 564 2893  
Date Daytime Phone #

CR2E034 (9/99)