## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 11, 2000 8:00 am Secretary of State DOCUMENT # **P99000073703** 02-11-2000 90029 049 \*\*\*150.00 FRONTIER INVESTMENT HOLDINGS INC. Principal Place of Business Mailing Address 2900 NORTH MILITARY TRAIL. SUITE 200 2900 NORTH MILITARY TRAIL. SUITE 200 BOCA RATON FL 33431-6308 BOCA RATON FL 33431 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0966912 Not Applica Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KARTO, MAXIMILIEN R Street Address (P.O. Box Number is Not Acceptable) 370 W. CAMINO GARDENS BLVD. **BOCA RATON FL 33432** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May 1 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Change ☐ Delete TITLE COLODNY, RUSSELL NAME NAME **6871 RASPBERRY LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LITTLETON CO 80125 $\Box$ Change ☐ Delete TITLE TITLE RAYMOND, STACI NAME NAME STREET ADDRESS 545 S. COUNTRY CLUB DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTIS FL 33462 Delete Change TITLE TITLE COLODNY, LESTER NAME NAME STREET ADDRESS 5497 NW 23RD AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33496** ☐ Change $\Box$ . D TITLE ☐ Delete COLODNY, ROSLYN NAME 5497 NW 33RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **MIAMI FL 33496** ☐ Change $\Box$ TITLE ☐ Delete TITLE **BURGESS, PETER** NAME NAME STREET ADDRESS 940 SWEETWATER LANE, #103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Change $\Box$ . ☐ Delete TITLE NAME NAME STREET ADDRESS 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 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**