

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S54323

1. Entity Name

FRONTIER OF CENTRAL FLORIDA, INC.

Principal Place of Business

1310 BERMUDA AVE
KISSIMMEE FL 34741
US

Mailing Address

1310 BERMUDA AVE
KISSIMMEE FL 34741

2. Principal Place of Business

1310 N John Young Pkwy

3. Mailing Address

5mm E

Suite, Apt. #, etc.

KISSIMMEE, FLA

Suite, Apt. #, etc.

11

City & State

34741

City & State

11

Zip

Country

052020A

Zip

11

Country

4. FEI Number

59-3063513

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANLEY, RICHARD D.
3501 13TH STREET
ST CLOUD FL 34769

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.
(See criteria on back) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUTLER, BENNIE FRITZ	
STREET ADDRESS	1310 BERMUDA AVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUTLER, WENDI	
STREET ADDRESS	875 ABSHER LANE	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUTLER, SCOTT J	
STREET ADDRESS	875 ABSHER LANE	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUTLER, BRIAN K	
STREET ADDRESS	875 ABSHER LN	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUTLER, JUDY B	
STREET ADDRESS	875 ABSHER LN	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1310 N John Young Pkwy	
STREET ADDRESS	KISSIMMEE, FLA 34742	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 421383	
STREET ADDRESS	KISSIMMEE FL 34742-1383	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2000 Raymond	
STREET ADDRESS	ST CLOUD, FL 34769	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 421383	
STREET ADDRESS	KISSIMMEE, FL, 34742-1383	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1310 N. John Young Pkwy	
STREET ADDRESS	KISSIMMEE FL 34741	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Bennie Fritz Butler President

3-27-2000 402-847-5955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)