

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90100 025 ***150.00

DOCUMENT # S54323

1. Entity Name

FRONTIER OF CENTRAL FLORIDA, INC.

Principal Place of Business

**1310 N JOHN YOUNG PKWY
 KISSIMMEE FL 34741
 US**

Mailing Address

**1310 BERMUDA AVE
 KISSIMMEE FL 34741**

2. Principal Place of Business

3. Mailing Address

1310 N. John Young Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Kissimmee FLA

4. FEI Number

59-3063513

Applied For

Not Applicable

Zip

Country

Zip

Country

34741

OSCEOLA

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

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

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 **B. Fritz Butler**

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-02

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, 2002 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 **PD** ☐ Delete
 NAME **BUTLER, BENNIE FRITZ**
 STREET ADDRESS **1310 N JOHN YOUNG PKWY**
 CITY-ST-ZIP **KISSIMMEE FL 34742**

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

TITLE **VP** ☐ Delete
 NAME **BUTLER, WENDI**
 STREET ADDRESS **PO BOX 421383**
 CITY-ST-ZIP **KISSIMMEE FL 34742-1383**

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

TITLE **VP** ☐ Delete
 NAME **BUTLER, SCOTT J**
 STREET ADDRESS **2000 RAYMOND**
 CITY-ST-ZIP **SAINT CLOUD FL 34769**

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

TITLE **S** ☐ Delete
 NAME **BUTLER, JUDY B**
 STREET ADDRESS **1310 N JOHN YOUNG PKWY**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

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:

B. Fritz Butler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-02

407-847-5855

CR2E034 (9/01)