

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742057

1. Entity Name

FOUNTAINS LIFE FOUNDATION, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90213 015 ****61.25

Principal Place of Business

4615 SOUTH FOUNTAINS DRIVE
LAKE WORTH FL 33467

Mailing Address

MEYER MILLER
6781 VERSAILLES COURT
LAKE WORTH FL 33467
US

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

59-1819399

Applied For

Not Applicable

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

MILLER, MEYER
6781 VERSAILLES CT
LAKE WORTH FL 33467

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
MILLER, MEYER
6781 VERSAILLES COURT
LAKE WORTH FL
☐ Delete

President
HERBERT KRIEGER
5257 Fountains Dr So.
Lake Worth, FL.
☐ Change ☒ Addition

S
CHESTER, HARRY
4408 FOUNTAIN DRIVE
LAKE WORTH FL 33467
☐ Delete

☐ Change ☐ Addition

D
MINTZ, JULIUS
5320 FOUNTAIN DRIVE
LAKE WORTH FL 33467
☐ Delete

☐ Change ☐ Addition

DP
FREEMAN, PHILIP
5416 SAN ROMA CIRCLE
LAKE WORTH FL 33467
☐ Delete

☐ Change ☐ Addition

DVP
HUNIG, DONALD
4650 FOUNTAIN DRIVE S
LAKE WORTH FL 33467
☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)