

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90239 022 \*\*\*150.00

DOCUMENT # **386776**

1. Entity Name

Fountain French Land Co., Inc.

**DO NOT WRITE IN THIS SPACE**

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  
59-1484922

Applied For  
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Bonventre, Betty Jo.

Street Address (P.O. Box Number is Not Acceptable)  
11943 Greenwood Ct.

City  
Jacksonville

FL

Zip Code  
32216

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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	PC
NAME	Moore, William
STREET ADDRESS	U.S. HWY 301 S.
CITY-ST-ZIP	Nahunta, GA 31553
TITLE	D
NAME	Bonventre, Betty Jo
STREET ADDRESS	11943 Greenwood Ct.
CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	V
NAME	Hendrix, Dana
STREET ADDRESS	U.S. HWY 301 S., N
CITY-ST-ZIP	Nahunta, GA 31553
TITLE	STD
NAME	Moore, Ida
STREET ADDRESS	U.S. HWY 301 S.
CITY-ST-ZIP	Nahunta, GA 31553
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*William Moore*

William Moore, President 5-3-2002 (912) 462-6442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)