

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725568

1. Entity Name

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90097 050 ****61.25

Principal Place of Business

Mailing Address

4615 S. FOUNTAINS DR.
LAKE WORTH FL 33467-2065
US

4615 S. FOUNTAINS DR.
LAKE WORTH FL 33467
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1723300

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POULETTE, DEBBIE
4615 S. FOUNTAIN DRIVE
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

Debbie Poulette

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS TAYLOR DR. ALAN
CITY-ST-ZIP 4254 DESTE CT. 307
LAKE WORTH FL

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS LAMBERT ROBERT
CITY-ST-ZIP 4254 DESTE CT 102
LAKE WORTH FL

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS FEIERSTEIN, HERBERT
CITY-ST-ZIP 4278 D'ESTE CT #307
LAKE WORTH, FL 00000

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS CEDEBAUM, HAROLD
CITY-ST-ZIP 4254 DESTE CT APT 303
LAKE WORTH FL 33467

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

TITLE ☒ Delete
NAME D
STREET ADDRESS BLOOM, FRANCES
CITY-ST-ZIP 4260 DESTE COURT #206
LAKE WORTH FL

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS STORE #, CLIFFORD
CITY-ST-ZIP 4290 D'ESTE COURT, APT. 207
LAKE WORTH FL 33467

TITLE ☐ Delete
NAME TD
STREET ADDRESS SIEGEL, HERBERT
CITY-ST-ZIP 4228 D'ESTE COURT
LAKE WORTH FL

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

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 REQUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

561 964-3600

Daytime Phone #

CR2E037 (9/99)