

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731853

1. Entity Name

FOUNTAINS CONDOMINIUM OPERATIONS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90115 014 ****61.25

Principal Place of Business

4615 FOUNTAINS DR
LAKE WORTH FL 33467-2065
US

Mailing Address

4615 FOUNTAINS DR
LAKE WORTH FL 33467-4155
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

59-1570954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POULETTE, DEBBIE
4615 FOUNTAINS DR
LAKE WORTH FL 33467

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

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

| | | |
|----------------|-----------------------------|--|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | ROTHSCHILD, BERT | |
| STREET ADDRESS | 4501 FOUNTAINS DR S APT 105 | |
| CITY-ST-ZIP | LAKE WORTH FL 33467 | |
| TITLE | TSD | <input type="checkbox"/> Delete |
| NAME | STEINBERG, NATHAN | |
| STREET ADDRESS | 5279 FOUNTAINS DR S. 205 | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | LAMBERT, ROBERT | |
| STREET ADDRESS | 4254-102 DE'ESTE COURT | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | MANFORD, BERNARD | |
| STREET ADDRESS | 6688 PALERMO WAY | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HOLTZER, BERNARD | |
| STREET ADDRESS | 5386 FOUNTAINS DR. SO. | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GRUNDFAST, DR. SAMUEL | |
| STREET ADDRESS | 4500 GEFION COURT, APT. 205 | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

561 964-3600

Daytime Phone #

CR2E037 (9/99)