

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001337

1. Entity Name

FOUNTAINHEAD ADMINISTRATORS, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90065 020 \*\*\*150.00

Principal Place of Business  
916 CAPITAL OF TEXAS HIGHWAY  
AUSTIN TX 78746

Mailing Address  
7301 N. 16TH STREET  
#201  
PHOENIX AZ 85020

2. Principal Place of Business  
916 Capital of Texas Highway

3. Mailing Address  
7301 N. 16th Street

Suite, Apt. #, etc.  
Suite 201

City & State  
Austin, TX

City & State  
Phoenix, AZ

Zip  
78746

Country  
USA

Zip  
85020

Country  
USA

4. FEI Number 74-2711172

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

CT CORPORATION SYSTEM  
1201 HAYS ST  
TALLAHASSEE FL 32301

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

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, 2001 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	DP	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, LYNN			NAME	G. Michael Bogle		
STREET ADDRESS	916 CAPITAL OF TEXAS HIGHWAY			STREET ADDRESS	7301 N. 16th Street, Suite 201		
CITY-ST-ZIP	AUSTIN TX 78746			CITY-ST-ZIP	Phoenix, AZ 85020		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, LYNN			NAME	Shirley Parks		
STREET ADDRESS	916 CAPITAL OF TEXAS HIGHWAY			STREET ADDRESS	7301 N. 16th Street, suite 201		
CITY-ST-ZIP	AUSTIN TX 78746			CITY-ST-ZIP	Phoenix, AZ 85020		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLS, KELLY			NAME			
STREET ADDRESS	7301 N 16 STREET SUITE 201			STREET ADDRESS			
CITY-ST-ZIP	PHOENIX AZ 85020			CITY-ST-ZIP			
TITLE	CFOT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEINBERGER, RICHARD			NAME			
STREET ADDRESS	916 SOUTH CAPITAL OF TEXAS HWY			STREET ADDRESS			
CITY-ST-ZIP	AUSTIN TX 78746			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SARA, WENDY			NAME			
STREET ADDRESS	7301 N. 16TH ST., STE. 201			STREET ADDRESS			
CITY-ST-ZIP	PHOENIX AZ 85020			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, DONNA			NAME			
STREET ADDRESS	916 S. CAPITAL OF TEXAS HYE.			STREET ADDRESS			
CITY-ST-ZIP	AUSTIN TX 78746			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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 602-371-3860  
Date Daytime Phone #

0590910

CR2E034 (10/00)