

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90054 046 ****70.00

DOCUMENT # N25449

1. Entity Name

FOUNTAIN OF LIFE, INC.

Principal Place of Business

**28695 SW MODAKCH TR
STUART FL 34997
US**

Mailing Address

**P.O. BOX 2358
JUPITER FL 33468
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

65-0033456

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

**LAMBERT, LAWRENCE
2869 SW MONARCH TRAIL
STUART FL 34997**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**P/D
LAMBERT, LAWRENCE E.
2869 SW MONARCH TR.
STUART FL 34997**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**T/D
LAMBERT, ELAINE A.
2869 SW MONARCH TR.
STUART FL 34997**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**V/D
MARKING, DONALD
1003 SUMMER WINDS LANE
JUPITER FL 33458**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**S/D
MARKING, BECKY A
1003 SUMMER WINDS LANE
JUPITER FL 33458**

TITLE
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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:

LAWRENCE E. LAMBERT 4-17-01 561-219-0115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)