

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90160 006 \*\*\*\*70.00

**DOCUMENT # N25449**

1. Entity Name

**FOUNTAIN OF LIFE, INC.**



Principal Place of Business

28695 SW MONARCH TR  
STUART FL 34997  
US

Mailing Address

2869 SW MONARCH TR.  
STUART FL 34997  
US

2. Principal Place of Business

2003 NE DIXIE HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2003-2015

City & State  
JENSEN BEACH FL

City & State

4. FEI Number 65-0033456

Applied For

Not Applicable

Zip  
34957

Country  
MARTIN

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lawrence Lambert President*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-03

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D  
NAME LAMBERT, LAWRENCE E.  
STREET ADDRESS 2869 SW MONARCH TR.  
CITY-ST-ZIP STUART FL 34997 ☐ Delete

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

TITLE T/D  
NAME LAMBERT, ELAINE A.  
STREET ADDRESS 2869 SW MONARCH TR.  
CITY-ST-ZIP STUART FL 34997 ☐ Delete

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

TITLE V/D  
NAME MARKING, DONALD  
STREET ADDRESS 1003 SUMMER WINDS LANE  
CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

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

TITLE S/D  
NAME MARKING, BECKY A  
STREET ADDRESS 1003 SUMMER WINDS LANE  
CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

*Lawrence Lambert* **REQUIRED** *Lawrence Lambert* 1-27-03 772-219-0115

CR2E037 (10/02)