

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32258

1. Entity Name

THE FOUNTAINVIEW CLUB #1

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90081 014 ****61.25

Principal Place of Business 2845 GRANADA BLVD CORAL GABLES FL 33134	Mailing Address 156 ALMERIA AVE STE #200 CORAL GABLES FL 33134-6021 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1143319	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HATFIELD, ROBERT L. 156 ALMERIA AVENUE SUITE 200 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: HARRIS, MARY LOU STREET ADDRESS: 2845 GRANADA BLVD #2B CITY-ST-ZIP: CORAL GABLES FL	<input type="checkbox"/> Delete	TITLE: T NAME: HATFIELD, ROBERT L. STREET ADDRESS: 156 Almeria Ave., Suite 200 CITY-ST-ZIP: Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: LARIMORE, LARRY M STREET ADDRESS: 2845 GRANADA BLVD #1B CITY-ST-ZIP: CORAL GABLES FL	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: AGGIE LARIMORE STREET ADDRESS: 2845 Granada Blvd. #1B CITY-ST-ZIP: Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: LYNCH, FRANCES STREET ADDRESS: 2845 GRANADA BLVD #2A CITY-ST-ZIP: CORAL GABLES FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SHELLEY, EVELYN STREET ADDRESS: 2845 GRANADA BLVD #3B CITY-ST-ZIP: CORAL GABLES FL	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: SMILEY, EVELYN STREET ADDRESS: 2845 GRANADA BLVD #3C CITY-ST-ZIP: CORAL GABLES FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: BRIGHT, MARY STREET ADDRESS: 2845 GRANADA BLVD #3A CITY-ST-ZIP: CORAL GABLES FL	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert L. Hatfield **Robert L. Hatfield** 3/24/00 (305) 448-7878
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)