

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90054 022 ****61.25

DOCUMENT # N48108

1. Entity Name

FONTANEDA SOCIETY, INC.

Principal Place of Business

Mailing Address

**BROWARD COUNTY LIBRARY-DIRECTOR'S OFFICE
 100 SOUTH ANDREWS AVENUE
 FORT LAUDERDALE FL 33301**

**BROWARD COUNTY LIBRARY-DIRECTOR'S OFFICE
 100 SOUTH ANDREWS AVENUE
 FORT LAUDERDALE FL 33301-1830**

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

65-0428440

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

7. Name and Address of New Registered Agent

**BUCHBINDER, HARRIET
 BROWARD COUNTY LIBRARY-DIRECTOR'S OFFICE
 100 SOUTH ANDREWS AVENUE
 FORT LAUDERDALE FL 33301**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DUNKLEMAN, ARTHUR	
STREET ADDRESS	7900 MIAMI LAKES DR W	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	S	<input type="checkbox"/> Delete
NAME	BING, MARGARET	
STREET ADDRESS	1940 NE 28TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, OTTO	
STREET ADDRESS	4250 GALT OCEAN DR, #14B	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LUCAS, CATHERINE	
STREET ADDRESS	3840 NW 108TH DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, CATHERINE	
STREET ADDRESS	3840 NW 108TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BING, MARGARET	
STREET ADDRESS	1940 NE 28TH AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROLLINS, LINDA	
STREET ADDRESS	738 NE 17TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Margaret Bing, Sec/Treas 3/29/00 357-8243
 954

CR2E037 (9/99)