

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90153 040 \*\*\*\*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**

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**

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  Delete  
 NAME **PD LUCAS, CATHERINE**  
 STREET ADDRESS **3840 NW 108TH DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S BING, MARGARET**  
 STREET ADDRESS **1940 NE 28TH AVE.**  
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD BING, MARGARET**  
 STREET ADDRESS **1940 NE 28TH AVE**  
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD ROLLINS, LINDA**  
 STREET ADDRESS **738 NE 17TH AVE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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]* **3/20/01 954-357-8243**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)