

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-06-2002 90078 002 ****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**

24224



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0428440

Applied For

Not Applicable

Zip

Country

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

**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 **PO** Delete
 NAME **LUCAS, CATHERINE**
 STREET ADDRESS **3640 NW 108TH DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **PRESIDENT** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **FRED G. RUFFNER**
 STREET ADDRESS **511 FLAMINGO DRIVE 33301**
 CITY-ST-ZIP **FORT LAUDERDALE, FL**

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 empowerments.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02
 Date

Daytime Phone #

CR2E037 (9/01)