

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000006190

FILED  
Jul 02, 2003  
Secretary of State

Entity Name: THE FOUNTAIN OF PEMBROKE PINES, INC.

**Current Principal Place of Business:**

21113 JOHNSON STREET  
SUITE 120  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

21113 JOHNSON STREET  
SUITE 120  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 65-0716717      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, MEL  
100 EAST BROWARD BLVD.  
FT. LAUDERDALE, FL 33301

**Name and Address of New Registered Agent:**

WILSON, MEL  
110 EAST BROWARD BLVD.  
SUITE 1700  
FT. LAUDERDALE, FL 33301

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: \_\_\_\_\_

07/02/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LIPSCOMB, GENE  
Address: 1630 SW 97TH TERRACE  
City-St-Zip: PEMBROKE, FL 33025

Title: D ( ) Delete  
Name: GREEN, BARBARA  
Address: 9013 SW 20TH PLACE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete  
Name: FOWLES, NANCY  
Address: 4040 NW 196TH ST  
City-St-Zip: OPA LOCKA, FL 33055

Title: D ( ) Delete  
Name: NORTON, HARRY  
Address: 13172 NW 18TH STREET  
City-St-Zip: PEMBROKE, FL 33028

Title: S ( ) Delete  
Name: ATKINS, SANDRA  
Address: 214 SW 166TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA ATKINS

S

07/02/2003

Electronic Signature of Signing Officer or Director

Date