

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90092 002 \*\*\*\*61.25

**DOCUMENT # N99000003129**

1. Entity Name

**FOUNTAIN ORGANIZATION INC.**

Principal Place of Business

Mailing Address

**5258 FAMILY TREE DR.  
TALLAHASSEE FL 32303**

**5258 FAMILY TREE DR.  
TALLAHASSEE FL 32303**

00111440

2. Principal Place of Business

**915-1 Railroad Ave.**

3. Mailing Address

**P.O. Box 6073**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Tallahassee, FL.**

City & State

**Tallahassee, FL.**

4. FEI Number

**59-3581302**

Applied For

Not Applicable

Zip  
**32310**

Country  
**U.S.A.**

Zip  
**32314**

Country  
**U.S.A.**

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

**CARTER, QUINTON D  
5258 FAMILY TREE DR.  
TALLAHASSEE FL 32303**

*> new address*

Name

Street Address (P.O. Box Number is Not Acceptable)

**3517 Lakewood Dr.**

City

**Tallahassee**

FL

Zip Code

**32305**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARTER, QUINTON D</b>	
STREET ADDRESS	<b>5258 FAMILY TREE DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HENRY, KARLUS</b>	
STREET ADDRESS	<b>6193 GRENNON LANE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32304</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARTER, TYRRA L</b>	
STREET ADDRESS	<b>5258 FAMILY TREE DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Quinton D. Carter</b>	
STREET ADDRESS	<b>3517 Lakewood Dr.</b>	
CITY-ST-ZIP	<b>Tallahassee, FL. 32305</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TYRRA L. CARTER</b>	
STREET ADDRESS	<b>3517 Lakewood Dr.</b>	
CITY-ST-ZIP	<b>Tallahassee, FL. 32305</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

**Tyrre L. Carter**

**5/1/02**

**(850) 222-8144**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)