

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED

May 17, 2000 8:00 am
Secretary of State

02-22-2000 90033 011 ****61.25

DOCUMENT # N99000004792

Entity Name

THE DDA PLAZA FOUNTAIN FOUNDATION, INC.

Principal Place of Business

Mailing Address

DOUGLAS P. EAGON
6400 NORTH ANDREWS AVENUE
LAUDERDALE FL 33301% DOUGLAS P. EAGON
6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309-2172

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0944489

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

AGENT, DOUGLAS P
6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33301

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.258. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

ST-ZIP	NAME	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D EAGON, DOUGLAS P 6400 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D KUTTZ, MARTIN J 6400 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D O'SHEA, DENNIS 6400 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D STILES, TERRY 6400 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

DOUGLAS P EAGON

Date

2/16/00 (954) 776-9300

Daytime Phone #

CR2E037 (9/99)