

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90059 024 ****61.25

0045861

DOCUMENT # N99000004792

1. Entity Name

THE DDA PLAZA FOUNTAIN FOUNDATION, INC.

Principal Place of Business

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

Mailing Address

% DOUGLAS P. EAGON
6400 NORTH 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

65-0944489

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

EAGON, DOULAS P
6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)
300 SE 2nd Street, 8th Floor

City

Ft. Lauderdale**FL**

Zip Code

33301-1907

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

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas Eagon	
STREET ADDRESS	300 SE 2nd Street, 8th Floor	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301-1907	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin Kuttz	
STREET ADDRESS	300 SE 2nd Street, 8th Floor	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301-1907	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis O'Shea	
STREET ADDRESS	300 SE 2nd Street, 8th Floor	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301-1907	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Stiles	
STREET ADDRESS	300 SE 2nd Street, 8th Floor	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301-1907	
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01

Date

954 629 9300

Daytime Phone #

CR2E037 (10/00)