

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90066 026 ***150.00

0551688

DOCUMENT # 173059

1. Entity Name

FAIRWAYS MOTEL, INC.

Principal Place of Business

**207 N MAGNOLIA AVE
OCALA FL 34475**

Mailing Address

**207 N MAGNOLIA AVE
OCALA FL 34475****900110**

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 **52-0691455**

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

**TRENTELMAN, JOHN C.
207 NORTH MAGNOLIA AVENUE
OCALA FL 34475**

7. Name and Address of New Registered Agent

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 registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	TRENTELMAN, JOHN C.	
STREET ADDRESS	207 N MAGNOLIA AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DENMARD, NORA	
STREET ADDRESS	2405 NE 2ND ST.	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John C. Trentelman Sec.

1-17-01

352-933-6992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)