

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90106 011 ****61.25

DOCUMENT # 712930

1. Entity Name

THE FAIRWAYS APARTMENTS, INC.

Principal Place of Business

Mailing Address

400-500 N E 14TH AVE
 HALLANDALE FL 33009

400-500 N E 14TH AVE
 HALLANDALE FL 33009-7457

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1222634

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

7. Name and Address of New Registered Agent

MCKEE, SUPERINTENDENT
500 N.E. 14TH AVE.
APT 111
HALLANDALE FL 33009

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 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 Delete
S
 NAME **MARCOTTE, MICHEAL**
 STREET ADDRESS **400 NE 14TH AVE #408**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
VP
 NAME **MADAUSS, HELEN**
 STREET ADDRESS **400 NE 14TH AVE #319**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
D
 NAME **STRAUSS, LEONARD**
 STREET ADDRESS **400 NE 14TH AVE #421**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
D
 NAME **LAMARRE, EVELINE**
 STREET ADDRESS **500 NE 14TH AVE #509**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
PT
 NAME **CANTWELL, THOMAS**
 STREET ADDRESS **400 NE 14TH AVE, #115**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
D
 NAME **BAYER, GERALD**
 STREET ADDRESS **500 NE 14TH AVE #404**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE Change 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: *Thomas P. Cantwell* **THOMAS P. CANTWELL** 1/5/00 (954) 458-1209
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)