

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724219

1. Entity Name

FAIRWAY VILLAS, INC.

FILED

Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90029 037 ****61.25

Principal Place of Business

Mailing Address

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US

2180 W. S.R. 434
SUITE 5000
LONGWOOD FL 32779
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W.
SENTRY MANAGEMENT, INC.
2180 W. STATE ROAD 434, SUITE #5000
LONGWOOD FL 32779

Name
Attwood Phillips

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

1350 Orange Avenue
(Roger V. Phillips)

City
Winter Park

FL

Zip Code
32790

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
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HURST, MAURICE
111 FAIRWAY DRIVE
LONGWOOD FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DD
Phillips, Rhoda
109 Fairway Drive
Longwood, FL 32779 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FAULK, JULIE
102 FAIRWAY DRIVE
LONGWOOD FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Reilly, Joanne
214 Fairway Drive
Longwood FL 32779 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HANNON, EDWARD
100 FAIRWAY DRIVE
LONGWOOD FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)