

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A33020**  
 1. Entity Name  
**NATIONAL FAIRWAYS, LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 FEB 29 AM 10:40

Principal Place of Business      Mailing Address  
 P.O. BOX 930      P.O. BOX 930  
 SANIBEL FL 33957      SANIBEL FL 33957-0930



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **65-0313584**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BERG, WILLIAM**  
**5710 DRAW LANE**  
**SARASOTA FL 34238**

7. Name and Address of New Registered Agent  
 Name **ROBERT KENT**  
 Street Address (P.O. Box Number is Not Acceptable) **2665 WEST GULF DRIVE #2**  
**P.O. BOX 930**  
 City **SANIBEL**      **FL**      Zip Code **33957-0930**

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 *Robert Kent*      **ROBERT KENT, PRESIDENT**      2-26-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$2,930,000.00**      10. Amount of Capital Contributions in FLORIDA to date.  
 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P39113</b> <b>FAIRWAYS GENERAL PARTNER, INC.</b> <b>2665 W. GULF DR. #2</b> <b>SANIBEL FL 33957</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	<i>mf 3/13/00</i>
STREET ADDRESS CITY - ST - ZIP	<del>199903169441-6</del> -03/14/00--01102--016 ****526.25 ****526.25
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *Robert Kent*      **FAIRWAYS GENERAL PARTNER**      2/26/00      941-472-3450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CRE003 (9/99)