

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33020**

1. Entity Name

NATIONAL FAIRWAYS, LTD.

Principal Place of Business

P.O. BOX 930
SANIBEL FL 33957

Mailing Address

P.O. BOX 930
SANIBEL FL 33957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

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

7. Name and Address of New Registered Agent

KENT, ROBERT
2665 WEST GULF DRIVE, #2
P.O. BOX 930
SANIBEL FL 33957-0930

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.

DATE

9. Capital Contributions
as Shown on record.

\$2,930,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

489,000

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P39113**
NAME **FAIRWAYS GENERAL PARTNER, INC.**
STREET ADDRESS **2665 W. GULF DR. #2**
CITY-ST-ZIP **SANIBEL FL 33957**

STREET ADDRESS

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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 N KENT

1-15-02

941 472 3450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0014791 AT

FILED

02 JAN 23 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

