

2001 UNIFORM BUSINESS REPORT (UBR)

0007026 AF

DOCUMENT # A98000000605

1. Entity Name
FAIRWAYS AT GRAND HARBOR, LTD.

FILED

Principal Place of Business
**801 UNO LAGO DRIVE
JUNO BEACH FL 33408**

Mailing Address
**C/O FAIRWAYS AT GRAND HARBOR, INC.
801 UNO LAGO DRIVE
JUNO BEACH FL 33408**

01 APR 23 AM 10:45
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0816871**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**GRAZIOTTO, RAYMOND
801 UNO LAGO DRIVE
JUNO BEACH FL 33408**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$5,331,681.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000020830	STREET ADDRESS	
NAME	FAIRWAYS AT GRAND HARBOR, INC.	CITY - ST - ZIP	
STREET ADDRESS	801 UNO LAGO DRIVE		
CITY - ST - ZIP	JUNO BEACH FL 33408		
DOCUMENT #	M44087	STREET ADDRESS	
NAME	BANKATLANTIC VENTURE PARTNERS 2, INC.	CITY - ST - ZIP	
STREET ADDRESS	1750 E. SUNRISE BLVD./ATTN: JOHN E. ABDO		
CITY - ST - ZIP	FT. LAUDERDALE FL 33304		
DOCUMENT #		STREET ADDRESS	100004190461--5
NAME		CITY - ST - ZIP	-05/08/01--01049--014
STREET ADDRESS			***\$526.65 ***\$526.65
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		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: William E Taylor **SIGNATURE REQUIRED** William E Taylor **4-17-2001** **561-625-9443**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)