

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017120 AF

**DOCUMENT # B96000000349**

1. Entity Name  
**NATIONAL FAIRWAYS PARTNERS I, LIMITED PARTNERSHI**

**FILED**

Principal Place of Business  
**1062 CHURCH HILL ROAD  
 FAIRFIELD CT 06432**

Mailing Address  
**1062 CHURCH HILL ROAD  
 FAIRFIELD CT 06432**

**01 JUN 27 AM 8:47**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 **06-1462960**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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. **\$2,500,000.00**

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>F92000000747 NATIONAL FAIRWAYS, INC. 1062 CHURCH HILL ROAD FAIRFIELD CT 06432</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	<del>600004469366-5</del> <del>07/11/01 01053-026</del> <del>***526.25 ***526.25</del>
STREET ADDRESS CITY-ST-ZIP	<b>600004469366-5</b> <b>07/11/01-01053-026</b> <b>***526.25 ***526.25</b>
STREET ADDRESS CITY-ST-ZIP	
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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:** *Marc C Bergschneider*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER:** **NATIONAL FAIRWAYS, INC.**  
 Date: **4/26/01** Daytime Phone #: **203259-8855**

CR2E003 (11/00)