

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005123

1. Entity Name

FAIRWAY GREENS AT STONEYBROOK, INC.

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90162 024 ****61.25

Principal Place of Business

337 INTERSTATE BOULEVARD
SARASOTA FL 34240

Mailing Address

325 INTERSTATE BOULEVARD
SARASOTA FL 34240

2. Principal Place of Business

325 INTERSTATE BVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1037590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS FL 33901

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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JEFFRIES, CAROLYN	
STREET ADDRESS	337 INTERSTATE BOULEVARD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALLEGRA, ROBERT T	
STREET ADDRESS	337 INTERSTATE BOULEVARD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	W. DAVID KEY	
STREET ADDRESS	337 INTERSTATE BOULEVARD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT T ALLEGRA	
STREET ADDRESS	325 INTERSTATE BVD	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES A. DANNA JR	
STREET ADDRESS	325 INTERSTATE BVD	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY J. SQUITIERI	
STREET ADDRESS	325 INTERSTATE BVD	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)