

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90280 003 \*\*\*\*61.25

**DOCUMENT # NO1000007503**

1. Entity Name

**FAIRBOURNE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2020 CLUBHOUSE DRIVE  
 SUN CITY CENTER FL 33573

2020 CLUBHOUSE DRIVE  
 SUN CITY CENTER FL 33573

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

7. Name and Address of New Registered Agent

**HASTINGS, VIVIAN N**  
**24301 WALDEN CENTER DRIVE SUITE 300**  
**BONITA SPRINGS FL 34134**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BEYER, R.C. JR</b>	
STREET ADDRESS	<b>2020 CLUBHOUSE DRIVE</b>	
CITY- ST- ZIP	<b>SUN CITY CENTER FL 33573</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>NELSON, GARY</b>	
STREET ADDRESS	<b>2020 CLUBHOUSE DRIVE</b>	
CITY- ST- ZIP	<b>SUN CITY CENTER FL 33573</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>RILEY, JAMES T</b>	
STREET ADDRESS	<b>2020 CLUBHOUSE DRIVE</b>	
CITY- ST- ZIP	<b>SUN CITY CENTER FL 33573</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 and an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*R.C. BEYER JR* 29 Jan 02 813 442 1464

CR2E037 (9/01)