

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90031 032 \*\*\*\*61.25

**DOCUMENT # N07194**  
 1. Entity Name  
**FAIRWAY ASSOCIATION, INC.**

Principal Place of Business <b>4131 GUNN HIGHWAY          TAMPA FL 33624          US</b>	Mailing Address <b>4131 GUNN HIGHWAY          TAMPA FL 33624          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-2493573</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**GAIL E FLOWERS, LCAM  
 GREENACRE PROPERTIES, INC.  
 4131 GUNN HIGHWAY  
 TAMPA FL 33624**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME PD CURRY, JOYCE STREET ADDRESS 4131 GUNN HWY CITY-ST-ZIP TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME D DEMPSEY, THOMAS L. STREET ADDRESS 4131 GUNN HWY CITY-ST-ZIP TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME VD GRIFFIN, DONALD STREET ADDRESS 4131 GUNN HWY CITY-ST-ZIP TAMPA FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME TD SPICIJARIC, TONY STREET ADDRESS 4131 GUNN HWY CITY-ST-ZIP TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME SD SAUNDERS, JIM STREET ADDRESS 4131 GUNN HWY CITY-ST-ZIP TAMPA FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME SD TONY BUCCINNA STREET ADDRESS 4131 GUNN HWY CITY-ST-ZIP TAMPA, FL. 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME VPD SPICIJARIC, TONY STREET ADDRESS 4131 GUNN HWY CITY-ST-ZIP TAMPA, FL. 3362	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD LARRY BUTLER STREET ADDRESS 4131 GUNN HWY CITY-ST-ZIP TAMP, FL. 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jaylene C. Secretary* DATE: *1/24/2001*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)