

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000605**

1. Entity Name

FAIRWAYS AT GRAND HARBOR, LTD.

FILED

00 JAN 24 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

801 UNO LAGO DRIVE
JUNO BEACH FL 33408

C/O FAIRWAYS AT GRAND HARBOR, INC.
801 UNO LAGO DRIVE
JUNO BEACH FL 33408-2680

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0816871

Applied For
Not Applied For

Zip

Country

Zip

Country

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

GRAZIOTTO, RAYMOND
801 UNO LAGO DRIVE
JUNO BEACH FL 33408

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

9. Capital Contributions as Shown on record.

\$3,406,555.00

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**
NAME **FAIRWAYS AT GRAND HARBOR, INC.**
STREET ADDRESS **801 UNO LAGO DRIVE**
CITY-ST-ZIP **JUNO BEACH FL 33408**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **M44087**
NAME **BANKATLANTIC VENTURE PARTNERS 2, INC.**
STREET ADDRESS **1750 E. SUNRISE BLVD./ATTN: JOHN E. ABDO**
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

STREET ADDRESS
CITY-ST-ZIP

100003114011--3
-01/28/00--01022--014

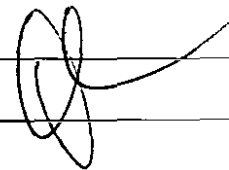
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

*****526.25 ***526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP



DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

R. Graziotto

1/18/2000
Date

561-625-9443
Daytime Phone #