

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33020
 1. Entity Name
NATIONAL FAIRWAYS, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB 29 AM 10:40

Principal Place of Business Mailing Address
 P.O. BOX 930 P.O. BOX 930
 SANIBEL FL 33957 SANIBEL FL 33957-0930



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

DO NOT WRITE IN THIS SPACE

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0313584** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BERG, WILLIAM
5710 DRAW LANE
SARASOTA FL 34238

7. Name and Address of New Registered Agent
 Name **ROBERT KENT**
 Street Address (P.O. Box Number is Not Acceptable) **2665 WEST GULF DRIVE #2**
P.O. BOX 930
 City **SANIBEL** **FL** Zip Code **33957-0930**

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]* **ROBERT KENT, PRESIDENT** 2-26-00
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. **\$2,930,000.00** 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	P39113 FAIRWAYS GENERAL PARTNER, INC. 2665 W. GULF DR. #2 SANIBEL FL 33957
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	<i>mf 3/13/00</i>
STREET ADDRESS CITY - ST - ZIP	199903169441-6 -03/14/00--01102--016 ****526.25 ****526.25
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: *[Signature]* **FAIRWAYS GENERAL PARTNER** 2/26/00 941-472-3450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CRE003 (9/99)