

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001729**

1. Entity Name

**NAPLES FAIRWAYS DEVELOPMENT, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL -3 PM 1:29

Principal Place of Business  
4500 EXECUTIVE DRIVE, SUITE 300  
NAPLES FL 34119

Mailing Address  
4500 EXECUTIVE DRIVE, SUITE 300  
NAPLES FL 34119-8908



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3530800**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALVATORI, LEO J**  
4501 NORTH TAMiami TRAIL, SUITE 300  
NAPLES FL 34103

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$17,000,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000104328**  
NAME **FAIRWAYS DEVELOPMENT OF NAPLES, INC.**  
STREET ADDRESS **4500 EXECUTIVE DRIVE, SUITE 300**  
CITY - ST - ZIP **NAPLES FL 34119**

STREET ADDRESS  
CITY - ST - ZIP **CUS**  
**600003323006--5**  
**-07/14/00--01040--013**  
**\*\*\*\*\*88.75 \*\*\*\*\*88.75**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP  
**600003323006--5**  
**-07/14/00--01040--014**  
**\*\*\*\*\*446.25 \*\*\*\*\*446.25**

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: *Leo J. Salvatori* **TREASURER OF G.P.** 4/27/00 (941)597-9061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

16(3)(6) 5001 (2-0)