


# 2001 UNIFORM BUSINESS REPORT (UBR)

0014262 AF

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

**FILED**  
 01 FEB 27 AM 9:37 *mf*  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  


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

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  
**65-0313584**       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  
**KENT, ROBERT**  
**2665 WEST GULF DRIVE, #2**  
**P.O. BOX 930**  
**SANIBEL FL 33957-0930**

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 \_\_\_\_\_ (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.      **\$2,930,000.00**      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 #	<b>P39113</b>
NAME	<b>FAIRWAYS GENERAL PARTNER, INC.</b>
STREET ADDRESS	<b>2665 W. GULF DR. #2</b>
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000003795280--1</b>
CITY-ST-ZIP	<b>-03/02/01--01020--004</b> <b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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]* **SIGNATURE REQUIRED** **FAIRWAYS GENERAL PARTNER**      **941-472-3450**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)