

2001 UNIFORM BUSINESS REPORT (UBR)

001uzs AF

DOCUMENT # **A30558**

1. Entity Name
THE FAIRWAYS GROUP OF DELAWARE LIMITED PARTNERSH

Principal Place of Business
**331 S. FLORIDA AVENUE
STE 41
LAKELAND FL 33801**

Mailing Address
**331 S. FLORIDA AVENUE
STE 41
LAKELAND FL 33801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
01 ^{MAK} PM 3:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **54-1534085**

Applied For
Not Applicable

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

~~G-T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324~~

Name
CD CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

City
TALLAHASSEE

FL

Zip Code
32301-2525

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 *Deborah D. Skipper*

Deborah D. Skipper

3-1-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent must be typed when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$99.00**

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 # **F93000003104**
NAME **FAIRWAYS GOLF CORPORATION**
STREET ADDRESS **331 SOUTH FLORIDA AVENUE, STE 41**
CITY-ST-ZIP **LAKELAND FL 33801**

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

4000003791044-1

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

3/1/01

FILED
01 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Calvin Sellers III* **SIGNATURE REQUIRED** **Sellers III** **1/20/01** **863-686-2376**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)



A30558

ACCOUNT NO. : 072100000032

REFERENCE : 007239 7205268

AUTHORIZATION :

COST LIMIT : ~~\$ 150.00~~

Patricia Pruitt

ORDER DATE : February 15, 2001

146.25

ORDER TIME : 9:24 AM

ORDER NO. : 007239-115

CUSTOMER NO: 7205268

CUSTOMER: Ms. Sarah Lindberg
Meadowbrook Group, Inc.
331 S. Florida Avenue
Suite 41
Lakeland, FL 33801

FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
01 MAR 1 11 3:15 AM

ANNUAL REPORT FILING

NAME: THE FAIRWAYS GROUP OF DELAWARE
LIMITED PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Steve V. Qualls~~ Ext. 1155

EXAMINER'S INITIALS:

JL
3/1/01

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAR -1 AM 10:51
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
01 MAR -1 PM 3:15