

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007026 AF

**DOCUMENT # A98000000605**

1. Entity Name  
**FAIRWAYS AT GRAND HARBOR, LTD.**

**FILED**

01 APR 23 AM 10:45

Principal Place of Business  
**801 UNO LAGO DRIVE  
JUNO BEACH FL 33408**

Mailing Address  
**C/O FAIRWAYS AT GRAND HARBOR, INC.  
801 UNO LAGO DRIVE  
JUNO BEACH FL 33408**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0816871**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GRAZIOTTO, RAYMOND  
801 UNO LAGO DRIVE  
JUNO BEACH FL 33408**

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

9. Capital Contributions as Shown on record. **\$5,331,681.00**

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 #	<b>P98000020830</b>
NAME	<b>FAIRWAYS AT GRAND HARBOR, INC.</b>
STREET ADDRESS	<b>801 UNO LAGO DRIVE</b>
CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>
DOCUMENT #	<b>M44087</b>
NAME	<b>BANKATLANTIC VENTURE PARTNERS 2, INC.</b>
STREET ADDRESS	<b>1750 E. SUNRISE BLVD./ATTN: JOHN E. ABDO</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33304</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	
CITY-ST-ZIP	
STREET ADDRESS	<b>100004190461--5</b>
CITY-ST-ZIP	<b>-05/09/01--01049--014</b>
STREET ADDRESS	<b>***526.65 ***526.65</b>
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: *William E Taylor* **William E Taylor** **4-17-2001** **561-625-9443**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)