

2001 UNIFORM BUSINESS REPORT (UBR)

0010944 AF

FILED

01 APR 30 PM 6:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A98000001729**

1. Entity Name

NAPLES FAIRWAYS DEVELOPMENT, LTD.

Principal Place of Business

4500 EXECUTIVE DRIVE, SUITE 300
NAPLES FL 34119

Mailing Address

4500 EXECUTIVE DRIVE, SUITE 300
NAPLES FL 34119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5672 STRAND CT.

Suite, Apt. #, etc.
SUITE #1

City & State
NAPLES, FL

Zip
34110

Country
USA

3. Mailing Address

5672 STRAND CT.

Suite, Apt. #, etc.
SUITE #

City & State
NAPLES FL

Zip
34110

Country
USA

4. FEI Number

59-3530800

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

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

(NOT REQUIRED) 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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS **5672 STRAND COURT SUITE #1**
CITY-ST-ZIP **NAPLES FL 34110**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
Byc Str

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
500004242965-9
-05/17/01--01118--004
*****535.00 ***535.00**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TREASURER OF GENL PARTNER (441) 597-9888
Date **3/6/01** Daytime Phone # **597-9888**

CR2E003 (11/00)