

2002 UNIFORM BUSINESS REPORT (UBR)

0014791 AT

DOCUMENT # **A33020**

1. Entity Name
NATIONAL FAIRWAYS, LTD.

FILED
02 JAN 23 PM 12: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
P.O. BOX 930
SANIBEL FL 33957



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	Applied For
Zip		Zip		65-0313584	Not Applicable
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

9. Capital Contributions as Shown on record. **\$2,930,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **489,000**

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 #	P39113	STREET ADDRESS	
NAME	FAIRWAYS GENERAL PARTNER, INC.	CITY-ST-ZIP	
STREET ADDRESS	2665 W. GULF DR. #2		
CITY-ST-ZIP	SANIBEL FL 33957		
DOCUMENT #		STREET ADDRESS	500004831945--8
NAME		CITY-ST-ZIP	-01/28/02--01100--007
STREET ADDRESS			****526.25 ****526.25
CITY-ST-ZIP			
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NAME		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: **ROBERT N KENT** 1-15-02 941 472 3450

REPAIR REQUIRED

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

CR2E003 (9/01)