

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014229 AT

**DOCUMENT # A30558**

1. Entity Name  
**THE FAIRWAYS GROUP OF DELAWARE LIMITED PARTNERSH  
 IP**

**FILED**  
 02 MAR -4 PM 1:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address

**391 S. FLORIDA AVENUE  
 STE 41  
 LAKELAND FL 33801**

**391 S. FLORIDA AVENUE  
 STE 41  
 LAKELAND FL 33801**

2. Principal Place of Business      3. Mailing Address

**8390 ChampionsGate Blvd.**      **8390 ChampionsGate Blvd.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Suite 200**      **Suite 200**

City & State      City & State

**ChampionsGate, FL**      **ChampionsGate, FL**

Zip      Country      Zip      Country

**33896**      **US**      **33896**      **US**

**DUE BY MAY 1, 2002**

4. FEI Number      Applied For

**54-1534085**       Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

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 \_\_\_\_\_

**400005041054--3**

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	
DOCUMENT #	<b>F93000003104</b>
NAME	<b>FAIRWAYS GOLF CORPORATION</b>
STREET ADDRESS	<b>331 SOUTH FLORIDA AVENUE, STE 41</b>
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<b>8390 ChampionsGate Blvd, Suite 200</b>
CITY-ST-ZIP	<b>ChampionsGate, FL 33896</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: Calvin C. Sellers, III      Date: 01/11/01      Daytime Phone #: (407) 589-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)



# A30558

ACCOUNT NO. : 072100000032

REFERENCE : 422731 7205268

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 141.75

ORDER DATE : March 1, 2002

ORDER TIME : 11:25 AM

ORDER NO. : 422731-025

CUSTOMER NO: 7205268

CUSTOMER: Ms. Sarah Lindberg  
Meadowbrook Group, Inc.  
8390 Championsgate Blvd.  
Suite 200  
Championsgate, FL 33896

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DEPARTMENT OF REVENUE  
DIVISION OF CORPORATE FINANCE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

BK

NAME: THE FAIRWAYS GROUP OF  
DELAWARE LIMITED PARTNERSHIP

BK

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

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TALLAHASSEE, FLORIDA

CONTACT PERSON: Sara Lea - Ext. 1114

EXAMINER'S INITIALS: \_\_\_\_\_