

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000605**

1. Entity Name

FAIRWAYS AT GRAND HARBOR, LTD.

FILED
02 AUG 15 PM 9:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

45



DUE BY MAY 1, 2002

4. FEI Number

65-0816871

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

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

DATE

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000020830**
NAME **FAIRWAYS AT GRAND HARBOR, INC.**
STREET ADDRESS **801 UNO LAGO DRIVE**
CITY-ST-ZIP **JUNO BEACH FL 33408**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **M44087**
NAME **BANKATLANTIC VENTURE PARTNERS 2, INC.**
STREET ADDRESS **1750 E. SUNRISE BLVD./ATTN: JOHN E. ABDO**
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

7000087131917-5

-08/15/02--01006--016

******452.50 ****400.00**

FF \$926.25

200007131962--6

-08/15/02--01006--017

******526.25 ****526.25**

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 Taylor** (70) **William Taylor**

4-16-2002 561-625-9445

STAPLE CHECK HERE

CR2E003 (9/01)