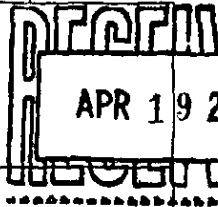


# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717956

1. Entity Name

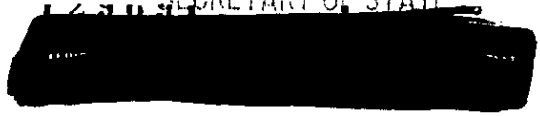
FAIRCONDO, INC., A CONDOMINIUM ASSOCIATION,



FILED

00 JUN -8 PM 1:01

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| Principal Place of Business<br>300 E. ROYAL PALM ROAD<br>BOCA RATON FL 33432<br>US | Mailing Address<br>500 NE SPANISH RIVER BLVD<br>#18<br>BOCA RATON FL 33431-4518<br>US |
|--|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                             |                               |
|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br>59-1288423 | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                         | Country                       |

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

MR ERNEST W WILLIS  
BEACON PROPERTY MANAGEMENT  
500 NE SPANISH RIVER BLVD #18  
BOCA RATON FL 33431

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 Ernest W. Willis 4/6  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|                             |  |                             |   |
|-----------------------------|--|-----------------------------|---|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|--|-----------------------------|---|

10. OFFICERS AND DIRECTORS

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | PD                          | <input type="checkbox"/> Delete            |
| NAME           | WHITE, BILLY                |  |
| STREET ADDRESS | 300 E. ROYAL PALM RD.       |  |
| CITY-ST-ZIP    | BOCA RATON FL               |  |
| TITLE          | VTD                         | <input type="checkbox"/> Delete            |
| NAME           | LAFRENIERE, TOM             |  |
| STREET ADDRESS | 300 E. ROYAL PALM ROAD      |  |
| CITY-ST-ZIP    | BOCA RATON FL               |  |
| TITLE          | SD                          | <input checked="" type="checkbox"/> Delete |
| NAME           | BOURG, FLORENCE             |  |
| STREET ADDRESS | 300 E. ROYAL PALM ROAD      |  |
| CITY-ST-ZIP    | BOCA RATON FL               |  |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | WERPEHOWSKI, WILLIAM        |  |
| STREET ADDRESS | 300 E ROYAL PALM ROAD, #33B |  |
| CITY-ST-ZIP    | BOCA RATON FL               |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CHARLES CAMPBELL       |  |
| STREET ADDRESS | 300 E. Royal Palm RD   |  |
| CITY-ST-ZIP    | Boca Raton, Fl.        |  |
| TITLE          | VD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SARA DONNAN            |  |
| STREET ADDRESS | 300 E. Royal Palm Road |  |
| CITY-ST-ZIP    | STD Boca Raton, Fl.    |  |
| TITLE          |                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | KENNETH WRIGHT         |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: CHARLES CAMPBELL, President 4/6/00 - 303-7350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

**SP**