

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90034 017 \*\*\*\*61.25

**DOCUMENT # 719055**

1. Entity Name

**FAIRWAYS RIVIERA ASSOCIATION, INC.**

Principal Place of Business <b>250 DIPLOMAT PARKWAY HALLANDALE FL 33009</b>	Mailing Address <b>250 DIPLOMAT PARKWAY HALLANDALE FL 33009-3724</b>
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**813334**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1288193</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**WOLINER, LISA ANNE**  
**3111 STIRLING ROAD**  
**FT. LAUDERDALE FL 33312**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Department of State**

**OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
<b>PD</b> <input type="checkbox"/> Delete <b>WEINERMAN, LOWELL</b> <b>250 DIPLOMAT PARKWAY</b> <b>HALLANDALE FL 33009</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
<b>VD</b> <input type="checkbox"/> Delete <b>FIELDS, YVETTE</b> <b>250 DIPLOMAT PARKWAY, #416</b> <b>HALLANDALE FL 33009</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
<b>TD</b> <input type="checkbox"/> Delete <b>ZIFF, HENRY</b> <b>250 DIPLOMAT PARKWAY</b> <b>HALLANDALE FL 33009</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____

CR2E037 (9/99)

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:** *Lisa Woliner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-14-00 954578348*  
 Date Daytime Phone #