## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # 721465** 1. Entity Name FAIRWAY OAKS CONDOMINIUM, INC. 01-19-2000 90183 029 \*\*\*\*61.25 Mailing Address Principal Place of Business 245 AMHERST AVE. 245 AMHERST AVE. SARASOTA FLA 34232-1421 SARASOTA FL 34232 000212 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1428805 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -------Street Address (P.O. Box Number is Not Acceptable) BECKER, POLIAKOFF & STREITFELD, P.A. 630 S. ORANGE AVE. THIRD FLOOR Zip Code City SARASOTA FL 34236 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Addition TITLE ☐ Chance TITLE ☐ Delete NAME NAME Parker, Luanne -STREET ADDRESS STREET ADDRESS 3726 DELTA ST CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 ☐ Change ☐ Addition TITLE VPD ☐ Delete TITLE NAME NAME KUDLOV. MARK STREET ADDRESS STREET ADDRESS 3705 71ST TERR E CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 X☐ Change ☐ ☐ Addition Delete 🥕 TITLE T/S/D-TITLE TD Jean Deering NAME NAME Jean Deering STREET ADDRESS STREET ADDRESS 3722 Delta St. 3722 DELTA ST. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL <u>Sarasota, FL 34232</u> VP/D ■ Addition X Delete TITLE Change TITLE Eugene Benson HEINRICH, NANCY NAME NAME STREET ADDRESS 3773 Delta St. STREET ADDRESS 3717 DELTA ST CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34232 Sarasota, FL 34232 ☐ Change ☐ Addition ☐ Delete TITLE NAME **BIGELOW, DAWN** NAME STREET ADDRESS STREET ADDRESS 4503 NELSON AVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 Change ☐ Addition TITLE X Delete TITLE SHUREB, VICTOR NAME NAME STREET ADDRESS STREET ADDRESS 8449 LONE EAGLE WAY CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34242 12. I hereby certify that the information supplied with this filling 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.

JUNE DEAN

SIGNATURE:

DEERIN 6