

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2000 08:00 AM
Secretary of State

DOCUMENT # 724045

1. Entity Name

FAIRWAY TOWERS, INC.

Principal Place of Business

Mailing Address

% R & P MGMT. ASSOC., INC.

% R & P MGMT. ASSOC., INC.

265 AIRPORT RD.

265 AIRPORT RD.

NAPLES

FL

NAPLES

FL

34104

US

34104

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-1354156

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

R & P MANAGEMENT ASSOCIATION

265 AIRPORT ROAD S.

NAPLES

FL

33942

US

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.

(NOTE: Registered Agent signature required when reinstating.)

04/30/2000

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete
NAME HORTON TOM
STREET ADDRESS 200 PEBBLE BEACH BLVD 305
CITY-ST-ZIP NAPLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME KRAFT JANET
STREET ADDRESS 200 PEBBLE BEACH BLVD. #201
CITY-ST-ZIP NAPLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME KLINKMAN INGO
STREET ADDRESS 651 ST ANDREWS BLVD
CITY-ST-ZIP NAPLES, FL 0

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME REESE DEAN
STREET ADDRESS 200 PEBBLE BCH BLVD, 104
CITY-ST-ZIP NAPLES, FL 0

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME PATTERSON JAMES
STREET ADDRESS 200 PEBBLE BEACH BLVD 401
CITY-ST-ZIP NAPLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME HERSHA JUNE
STREET ADDRESS 200 PEBBLE BCH DR S502
CITY-ST-ZIP NAPLES FL

TITLE ☐ Change ☐ 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.