

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90025 049 \*\*\*\*61.25

**DOCUMENT # 763971**

1. Entity Name

**FAIRWAYS OF TAMARAC CONDOMINIUM III ASSOCIATION.**

Principal Place of Business

Mailing Address

C/O BENCHMARK.  
 7932 WILES RD.  
 CORAL SPRINGS FL 33067

C/O BENCHMARK.  
 7932 WILES RD.  
 CORAL SPRINGS FL 33067-2071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2391897**

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

~~FIELDS, MELVILLE~~  
~~8450 LAGOS DE CAMPOS BLVD. #301~~  
~~TAMARAC FL 33321~~

Name

Kaye & Roger PA

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

6261 SW 6 Way Suite 103

City

Ft Lauderdale

**FL**

Zip Code

33309

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

*Melville S. Fields*

4/6/00

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

(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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	FIELDS, MELVILLE	
STREET ADDRESS	8450 LAGOS DE CAMPOS BLVD. #301	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOODMAN, IRV	
STREET ADDRESS	8450 LAGOS DE CAMPOS BLVD. #310	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GOODMAN, AUDREY	
STREET ADDRESS	8450 LAGOS DE CAMPOS BLVD. #310	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DRUMHELLER, PAT	
STREET ADDRESS	8450 LAGOS DE CAMPOS BLVD. #208	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVER, ELYS H	
STREET ADDRESS	8450 LAGOS DE CAMPOS BLVD	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIELDS, ADELADIES	
STREET ADDRESS	8450 LAGOS DE CAMPOS BLVD. #301	
CITY-ST-ZIP	TAMARAC FL 33321	

TITLE	Dir- E	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Silver, Elys	
STREET ADDRESS	8450 Lagos De Campos Blvd #309	
CITY-ST-ZIP	Tamarac, FL 33321	
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		
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:

*Melville S. Fields*

954-344-5353

3/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)