

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30558**

1. Entity Name

THE FAIRWAYS GROUP OF DELAWARE LIMITED PARTNERSH

Principal Place of Business

9540 CENTER ST
SUITE 300
MANASSAS VA 20110

Mailing Address

9540 CENTER ST
SUITE 300
MANASSAS VA 20110-5550

2. Principal Place of Business

331 S. Florida Avenue

3. Mailing Address

331 S. Florida Avenue

Suite, Apt. #, etc.

Suite 41

Suite, Apt. #, etc.

Suite 41

City & State

Lakeland, Florida

City & State

Lakeland, Florida

Zip

33801

Country

USA

Zip

33801

Country

USA

4. FEI Number

54-1534085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$99.00

10. Amount of Capital Contributions
in FLORIDA to date.

- 0 -

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

~~0000000000~~
~~THE FAIRWAYS GROUP ASSOCIATES~~
~~9540 CENTER ST, SUITE 300~~
~~MANASSAS VA 22110~~

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

F93000003104
Fairways Golf Corporation
331 South Florida Avenue, Suite 41
Lakeland, FL 33801

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

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CITY - ST - ZIP

DOCUMENT #

NAME

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DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

7000003293247-0
-06/15/00--01162--004
***199.75 ***141.25

FF \$141.25

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/00

Date

Daytime Phone #

FILED

00 JUN 14 AM 9:54

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE