

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33020

1. Entity Name

NATIONAL FAIRWAYS, LTD.

Principal Place of Business

P.O. BOX 930
SANIBEL FL 33957

Mailing Address

P.O. BOX 930
SANIBEL FL 33957-0930

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

65-0313584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERG, WILLIAM
5710 DRAW LANE
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name

ROBERT KENT

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

2665 WEST GULF DRIVE #2

P.O. BOX 930

City

SANIBEL

FL

Zip Code

33957-0930

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

ROBERT KENT, PRESIDENT

2-26-00

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.

\$2,930,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # P39113
NAME FAIRWAYS GENERAL PARTNER, INC.
STREET ADDRESS 2665 W. GULF DR. #2
CITY - ST - ZIP SANIBEL FL 33957

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FAIRWAYS GENERAL PARTNER

Date

Daytime Phone #

941-472-3450

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 10:40



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)