

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A93000001428

1. Entity Name
CARUSO-FAIRWAY PROPERTIES LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 AM 9:47

3/17/00

Principal Place of Business
260 W. PINELOCH AVENUE
ORLANDO FL 32856-8367

Mailing Address
P.O. BOX 568367
ORLANDO FL 32856-8367



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-6234220		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CARUSO, JAMES P 260 W. PINELOCH AVENUE ORLANDO FL 32856-8367				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$2,178,000.00

10. Amount of Capital Contributions in FLORIDA to date. 2,178,000.00

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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
	CARUSO, JAMES P	100 WEST PINELOCH AVENUE	CITY - ST - ZIP	600003192476--8	
	ORLANDO FL 32856-8367			-04703700--01005--006	
				****526.25 ****526.25	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
	CARUSO, AUSTIN A JR.	2024 COMPANERO AVENUE	CITY - ST - ZIP		
	ORLANDO FL 32804				
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
	CARUSO, STEPHEN M	1355 SO. SUMMERLIN AVE.	CITY - ST - ZIP		
	ORLANDO FL 32806				
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
			CITY - ST - ZIP		
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
			CITY - ST - ZIP		
DOCUMENT #	NAME	STREET ADDRESS	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: SIGN *James P. Caruso* 3/17/00 407 859 3550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

16661100