

# 2001 IFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001596**

1. Entity Name

THE FAIRWAYS OF QUAIL HOLLOW, LTD.

Principal Place of Business

6000 GENTLE BEN CIRCLE  
WESLEY CHAPEL FL 33544

Mailing Address

6000 GENTLE BEN CIRCLE  
WESLEY CHAPEL FL 33544

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
JUN 18 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3370914

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEYER, CINDY

6000 GENTLE BEN CIRCLE  
WESLEY CHAPEL FL 33544

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.

\$720,000.00

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 # P95000056754  
NAME CHAPEL DEVELOPMENT, INC.  
STREET ADDRESS 5339 VILLAGE MARKET  
CITY-ST-ZIP WESLEY CHAPEL FL 33543

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500004448485--0  
-06/28/01--01006--007  
\*\*\*\*935.00 \*\*\*\*935.00

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:

*CINDY MEYER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/14/01

Date

813 -  
973 1318

Daytime Phone #

CR2E003 (11/00)

0014681 AF