2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001978

1. Entity Name

FAIRWAY ISLES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

Principal Place of Business	Mailing Address
P.O. BOX 541359 LAKE WORTH FL 33454	P.O. BOX 541359 LAKE WORTH FL 33454-1359

DO NOT WRITE IN THIS SPACE

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 65-0644934 ☐ Applied For ☐ Not Applicable

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
RAUCH, HARRY 2776 JOG RD. WEST PALM BEACH FL 33415	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. $9,500.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000079326	STREET ADDRESS	2176 JOG ROAD
NAME	FAIRWAY ISLES, INC.		
STREET ADDRESS	5904 TIMBER VALLEY DRIVE		
CITY-ST-ZIP	LAKE WORTH FL 33463	CITY-ST-ZIP	WEST PALM BEACH, FL 33415
DOCUMENT #		STREET ADDRESS	900003245729--4
NAME			-05/10/00--01008--014
STREET ADDRESS			****155.25 ****155.25
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		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 REQ HARRY RAUCH 4/17/00 561-9646501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #