# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 APR 29 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001978

1. Entity Name

FAIRWAY ISLES, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 2176 JOG ROAD<br>GREENACRES FL 33415 | 2176 JOG ROAD<br>GREENACRES FL 33415 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1985 SOUTH MILITARY TRAIL | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: WEST PALM BEACH, FL | City & State |
| Zip: 33415 Country: US | Zip Country |

DUE BY MAY 1, 2002

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<br>2776 JOG RD.<br>WEST PALM BEACH FL 33415 | Name<br>Street Address (P.O. Box Number is Not Acceptable): 1985 SOUTH MILITARY TRAIL<br>City: WEST PALM BEACH, FL FL Zip Code: 33415 |

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 _____ 4/23/02
Signature, typed or printed name of registered agent and title if applicable. DATE

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $9,500.00 | | |

**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 | 1985 SOUTH MILITARY TRAIL |
| NAME | FAIRWAY ISLES, INC. | CITY-ST-ZIP | WEST PALM BEACH, FL 33415 |
| STREET ADDRESS | 2176 JOG ROAD | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33415 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 800005450458--6 |
| NAME | | CITY-ST-ZIP | -05/03/02--01068--016 |
| STREET ADDRESS | | | ****155.25 ****155.25 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | 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 _____ 4/23/02 561 357 8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Telephone Number

CR2E003 (9/01)

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