

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001343

1. Entity Name

GARDENS ON THE FAIRWAY, LTD.

Principal Place of Business

7900 GLADES ROAD, SUITE 420
BOCA RATON FL 33434

Mailing Address

7900 GLADES ROAD, SUITE 420
BOCA RATON FL 33434-4104

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

65-0685349

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

TOPPEL, JONATHAN
7900 GLADES ROAD, SUITE 420
BOCA RATON FL 33434

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.

\$5,300,000.00

10. Amount of Capital Contributions in FLORIDA to date.

5,300,000

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 # **P96000059500**
NAME **GARDENS ON THE FAIRWAY, INC.**
STREET ADDRESS **7900 GLADES ROAD, SUITE 420**
CITY - ST - ZIP **BOCA RATON FL 33434**

STREET ADDRESS

CITY - ST - ZIP

400003180924--3

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CITY - ST - ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jonathan Toppel 13/2/00 561 451 4696

Date

Daytime Phone #

FILED
00 MAR 13 PM 4: 58

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)