

2002 UNIFORM BUSINESS REPORT (UBR)

0012089 AT

DOCUMENT # A96000001343

1. Entity Name

GARDENS ON THE FAIRWAY, LTD.

FILED

02 APR 19 PM 4:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business

**7900 GLADES ROAD, SUITE 420
BOCA RATON FL 33434**

Mailing Address

**7900 GLADES ROAD, SUITE 420
BOCA RATON FL 33434**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY MAY 1, 2002

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.

DATE _____

9. Capital Contributions as Shown on record.

\$5,300,000.00

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

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

**000005462840--9
-05/06/02--01087--010
****526 AL ****526.25**

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CR2E003 (9/01)

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]* **Jonathan Toppel** **4/17/02** **5614514696**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #