

0011745

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002234

1. Entity Name
FAIRWAY PRESERVE APARTMENT AT OLDE CYPRESS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 21 PM 1:29

Principal Place of Business
4288 SILVER FOX DRIVE
NAPLES FL 34119

Mailing Address
4288 SILVER FOX DRIVE
NAPLES FL 34119-8596



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-3537104 APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CONROY, J. THOMAS III
3838 NORTH TAMiami TRAIL NORTH, STE 402
NAPLES FL 34103

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. \$220,000.00

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 # NAME STREET ADDRESS CITY - ST - ZIP	P98000082932 FAIRWAY PRESERVE APARTMENTS AT OLD CYPRESS 4288 SILVER FOX DRIVE NAPLES FL 34119	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	FF \$526.25 cus 8.75
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	500003298485--3 -06/21/00--01026--001 ****638.75 ****535.00
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-27-00 (941) 593-9641

Date Daytime Phone #