

2001 UNIFORM BUSINESS REPORT (UBR)

0010949 AF

DOCUMENT # **A98000002234**

1. Entity Name

FAIRWAY PRESERVE APARTMENTS AT OLDE CYPRESS, LTD

FILED

01 APR 30 PM 12:22

Principal Place of Business

Mailing Address

**4288 SILVER FOX DRIVE
NAPLES FL 34119**

**4288 SILVER FOX DRIVE
NAPLES FL 34119**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7995 PRESERVE CIRCLE

7995 PRESERVE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34119

Country

USA

Zip

34119

Country

USA

4. FEI Number

59-3537104

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

CONROY, J. THOMAS III

3838 NORTH TAMiami TRAIL NORTH, STE 402

NAPLES FL 34103

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.

(NOT

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 # **P98000082932**
NAME **FAIRWAY PRESERVE APARTMENTS AT OLD CYPRESS**
STREET ADDRESS **4288 SILVER FOX DRIVE**
CITY-ST-ZIP **NAPLES FL 34119**

STREET ADDRESS

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******535.00 ****535.00**

CR2E003 (11/00)

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

4/25/01

Date

941-593-9641

Daytime Phone #