

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000747

1. Entity Name

NATIONAL FAIRWAYS INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90106 050 \*\*\*550.00

Principal Place of Business

Mailing Address

1062 CHURCH HILL ROAD  
 FAIRFIELD CT 06432  
 US

1062 CHURCH HILL ROAD  
 FAIRFIELD CT 06432-1323  
 US

2. Principal Place of Business

107 JOHN ST  
 Suite, Apt. #, etc.  
 3RD FLOOR

3. Mailing Address

Suite, Apt. #, etc.

City & State  
 SOUTHPORT CT  
 Zip  
 06490

City & State

Zip

Country

4. FEI Number 22-3128291

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

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 PCD  
 BERGSCHNEIDER, MARC C  
 260 REDDING ROAD  
 EASTON CT 06612 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 CFO  
 GEORGE, ANDREW  
 7 SWEET BRIAR LN  
 STAMFORD CT 06905 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 PD  
 RINALDI, MERC  
 686 LAKE AVE  
 GREENWICH CT 06830 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 RINALDI, MARC ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 D  
 LEIWEKE, ROBERT T  
 37 NEWTOWN LANE  
 EAST HAMPTON NY 11937 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 D  
 FEUTON, DEAN  
 550 W AVE  
 STAMFORD CT 06902 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 FENTON, DEAN ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)