

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90567 007 \*\*\*150.00

DOCUMENT # F92000000747

1. Entity Name

NATIONAL FAIRWAYS INC.

Principal Place of Business

107 JOHN STREET 3 FLOOR  
SOUTHPORT CT 06490  
US

Mailing Address

1062 CHURCH HILL ROAD  
FAIRFIELD CT 06432  
US

CHANGE

2. Principal Place of Business

3. Mailing Address

107 JOHN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3RD FLOOR

City & State

City & State

SOUTHPORT, CT

Zip

Country

Zip

Country

06490 USA

4. FEI Number 22-3128291

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2001 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 PCD  
NAME BERGSCHNEIDER, MARC C ☐ Delete  
STREET ADDRESS 260 REDDING ROAD  
CITY-ST-ZIP EASTON CT 06612

TITLE CFO  
NAME MICHAEL S. COHN ☐ Change ☒ Addition  
STREET ADDRESS 127 W. PUTNAM AVE # 135  
CITY-ST-ZIP GREENWICH, CT 06830

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 #

1-10-01

203-259-8855

CR2E034 (10/00)