

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003104

1. Entity Name

FAIRWAYS GOLF CORPORATION

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90013 045 ***550.00

Principal Place of Business

9540 CENTER ST
#300
MANASSAS VA 20110
US

Mailing Address

56-140 PGA BLVD
LA QUINTA CA 92253
US

2. Principal Place of Business

331 S. Florida Avenue

3. Mailing Address

331 S. Florida Avenue

Suite, Apt. #, etc.

Suite 41

Suite, Apt. #, etc.

Suite 41

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33801

Country

USA

Zip

33801

Country

USA

4. FEI Number

33-0583830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C-T-CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	VDAT	<input checked="" type="checkbox"/> Delete
NAME	SHANNON, MICHAEL	
STREET ADDRESS	56-140 PGA BLVD.	
CITY-ST-ZIP	LA QUINTA CA 92253	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LICHLITER, LARRY	
STREET ADDRESS	56-140 PGA BLVD	
CITY-ST-ZIP	LA QUINTA CA 92253	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	DYAL, NOLA S	
STREET ADDRESS	56-140 PGA BLVD	
CITY-ST-ZIP	LA QUINTA CA 92253	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BURNETT, MARK A	
STREET ADDRESS	9540 CENTER STREET #300	
CITY-ST-ZIP	MANASSAS VA 20110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman of the Board, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arnold Rosenstein	
STREET ADDRESS	345 Maple Drive, Suite 290	
CITY-ST-ZIP	Beverly Hills, CA 90210	
TITLE	CEO, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Sartain	
STREET ADDRESS	331 S. Florida Ave, Suite 41	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	President, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Stine	
STREET ADDRESS	331 S. Florida Ave, Suite 41	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Calvin C. Sellers, III	
STREET ADDRESS	331 S. Florida Ave, Suite 41	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ricardo Koenigsberger	
STREET ADDRESS	1301 Ave of the Americas, 38th Floor	
CITY-ST-ZIP	New York, NY 10019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00
Date

(863) 686-2376
Daytime Phone #