

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90145 014 ***150.00

DOCUMENT # **F93000003104**

1. Entity Name
FAIRWAYS GOLF CORPORATION



Principal Place of Business
**8390 CHAMPIONS GATE BLVD
SUITE 200
CHAMPIONS GATE FL 33896
US**

Mailing Address
**8390 CHAMPIONS GATE BLVD
SUITE 200
CHAMPIONS GATE FL 33896
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **CBD** Delete
ROSENSTEIN, ARNOLD
STREET ADDRESS **335 N.MAPLE DR.STE 366**
CITY-ST-ZIP **BEVERLY HILLS CA 90210**

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **CEOS** Delete
JACKSON, RON E
STREET ADDRESS **8390 CHAMPIONS GATE BLVD,STE 200**
CITY-ST-ZIP **CHAMPION GATES FL 33896**

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **CFO** Delete
SELLERS, CALVIN C III
STREET ADDRESS **8390 CHAMPIONS GATE BLVD**
CITY-ST-ZIP **CHAMPIONS GATES FL 33896**

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D** Delete
KOENIGSBERGER, RICHARDO
STREET ADDRESS **1301 AVE OR THE AMERICAS,38TH FL**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D** Delete
WEINER, MICHAEL D
STREET ADDRESS **1999 AVE OF THE STARS \$1900**
CITY-ST-ZIP **LOS ANGELES CA 90067**

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Calvin C Sellers III**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03
Date

(407) 589-7200
Daytime Phone #

CR2E034 (10/02)