

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90111 025 ***150.00

B0084655

DO NOT WRITE IN THIS SPACE

DOCUMENT *F95000002598*

1. Entity Name
Florida Fairways, Inc.

Principal Place of Business
*116 Westminister St
 Providence, RI 02903*

Mailing Address
*40 Westminister St
 Providence, RI
 02903*

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
52-193359F

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
*THE PRENTICE HALL Corporation System, Inc.
 1201 HAYS STREET
 Suite 105
 Tallahassee, FL 32301*

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<i>PRESIDENT Richard H. Mitterling 333 East River Dr. E. Hartford, CT 06108</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V. PRESIDENT David F. Brede 333 East River Drive E. Hartford, CT 06108</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V. Pres. Tax Kathleen A. Smith 40 Westminister St Providence, RI 02903</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Asst. V. Pres. Lori A. Medeiros 40 Westminister St. Providence, RI 02903</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Elizabeth C. Perkins 40 Westminister St. Providence, RI 02903</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Asst. Secretary Margaret R. Hayes-Cote 40 Westminister St Providence, RI 02903</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elizabeth C. Perkins* *Elizabeth C. Perkins 4/20/00* *401-621-2108*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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D0084655

Directors, Officers Report

Florida Fairways, Inc.

April 20, 2000

DIRECTORS

Buell J. Carter, Jr. **Director**
Primary Address: 40 Westminster Street
Providence, RI 02903

Stephen A. Giliotti **Director**
Primary Address: 40 Westminster Street
Providence, RI 02903

Elizabeth C. Perkins **Director**
Primary Address: 40 Westminster Street
Providence, RI 02903

OFFICERS

Richard H. Mitterling **President**
Primary Address: 333 East River Drive
E. Hartford, CT 06108

David F. Brede **Vice President**
Primary Address: 333 East River Drive
E. Hartford, CT 06108

Kathleen A. Smith **Vice President - Tax**
Primary Address: 40 Westminster Street
Providence, RI 02903

Lori A. Medeiros **Assistant Vice President**
Primary Address: 40 Westminster Street
Providence, RI 02903

Elizabeth C. Perkins **Secretary**
Primary Address: 40 Westminster Street
Providence, RI 02903

Margaret R. Hayes-Cote **Assistant Secretary**
Primary Address: 40 Westminster Street
Providence, RI 02940