

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011652

1. Entity Name

INDIAN RIVER FAIRWAYS, LLC

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90066 007 ****50.00

981094



DO NOT WRITE IN THIS SPACE

Principal Place of Business

19333 COLLINS AVE., APT. 810
 NORTH MIAMI BEACH FL 33160

Mailing Address

19333 COLLINS AVE., APT. 810
 NORTH MIAMI BEACH FL 33160

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

38-0003375

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAZIER, ROBERT W JR ESQ
 FRAZIER, HOTTE & ASSOCIATES, P.A.
 2400 EAST COMMERCIAL BLVD., STE. 826
 FT LAUDERDALE FL 33308

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 \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 KALICHMAN, NATHAN
 19333 COLLINS AVE., APT. 810
 NORTH MIAMI BEACH FL 33160 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 JUSTER, GARY E
 303 SOUTH BROADWAY, STE. 450
 TARRYTOWN NY 10591-5410 ☐ Delete

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

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/18/02 981-370-7788

CR2E083 (4/02)