

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
 03-19-2001 90447 018 ***150.00

DOCUMENT # L93422

1. Entity Name
FAIRWAY SOUTH CARROLLWOOD, INC.

Principal Place of Business

**3802 SO WESTSHORE BLVD.
 TAMPA FL 33611
 US**

Mailing Address

**3802 SO WESTSHORE BLVD.
 TAMPA FL 33611
 US**

817584



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3802 S. WEST SHORE BLVD

Suite, Apt. #, etc.

3. Mailing Address

3802 S. WESTSHORE BLVD.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3021917

Applied For

Not Applicable

Zip

33611

Country

US

Zip

33611

Country

US

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

**MILLER, MARK E
 3802 SO WESTSHORE BLVD.
 TAMPA FL 33611**

Name

Street Address (P.O. Box Number is Not Acceptable)

3802 S WESTSHORE BLVD

City

TAMPA

FL

Zip Code

33611

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 ☐ Delete
 NAME **DPT**
 STREET ADDRESS **ZARITSKY, STEVEN R.**
 CITY-ST-ZIP **4924 ANDROS DRIVE
 TAMPA FL**

TITLE ☒ Change ☐ Addition
 NAME **3802 S. WESTSHORE BLVD**
 STREET ADDRESS **TAMPA FL**
 CITY-ST-ZIP **33611**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MILLER, MARK**
 CITY-ST-ZIP **3802 S WESTSHORE BLVD.
 TAMPA FL**

TITLE ☒ Change ☐ Addition
 NAME **TAMPA FL**
 STREET ADDRESS **33611**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark E. Miller

3/14/01

813-839-7500

Date

Daytime Phone #

CR2E034 (10/00)