2000 UNIFORM BUSINESS REPORT (UBR)

L9600000532 **DOCUMENT#**

1. Entity Name

FAIRWAY DEVELOPERS, L.C.

APPROVEU

	•			SECRETARY C TALLAHASSEE	IF STATE			
Principal Place of Business Mailing Address			TALEAHASSE	A				
		2636 MELLOW LANE			20-1			
SEBRING FL 33870 SEBRING FL 33870-4966				- V-y				
2. Principal Place of Business		3. Mailing Address			IB IBIIT BIIII DBIITBAAA BUUL DDII		11110 1101 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	65-0665208		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$5.00 Add	ditional	
	6. Name and Address of Curre	nt Pogletored Agent	<u> </u>		Idress of New Registered	Fee Require	d	
	o. Name and Address of Curre	nt negistered Agent	Name	7. Name and A	diesa of them megistored	- Agent_		
HANDLEY, WILLIAM R			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
2636 MEL	LOW LANE		Glicatinadi	CSS (1.O. DOX 14011DO)				
SEBRING FL 33870								
			City		F	Zip Code	e	
	named entity submits this statement	for the purpose of changing its	registered office or red	pistered agent, or both, i	n the State of Florida.			
		The state of the s						
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable (NOTE	: Registered Agent signature re	equired when teinstating)	DATE			
	Signature, typec of printed fame of registered ag-	, and the post of the second s	y y					
			OW!!! FEE IS \$50					
•		Make Check Pa	yable to Departme	ent of State				
MANAGING MEMBERS/MEMBERS			10.	ADDITIONS/CHANGES				
TILE	MGRM	☐ Delete	TITLE			Change	Addition	
AME	HANDLEY, WILLIAM R		NAME					
TREET ADDRESS	2636 MELLOW LANE SEBRING FL 33870		STREET ADDRESS CITY-ST-ZIP					
TTLE	MGRM	☐ Defecto	TITLE U			☐ Change	Addition	
IAME	HANDLEY, PATRICIA W		NAME	30	0003217	'OOO		
TREET ADDRESS	2636 MELLOW LANE		STREET ADDRESS		0003217 -04/21/00(*****55.00		- -4 104	
:FTY- 8T- ZIP	SEBRING FL 33870		CITY-ST-ZIP		*****55.00 _	#####		
ITLE JAME	D WOHL, JAMES W	☐ Oelete	TITLE NAME			- Grettiffe	number	
TREET ADDRESS	1800 STATE ROAD 17 SOUTH		STREET ADDRESS					
TY-ST-ZIP	AVON PARK FL 33825		CITY- ST- ZIP	. <u> </u>		<u></u>		
ITLE \	D IFDI D	☐ Delete	TITLE MAME			Changa	Addition	
IAME" \ TREET ANDRESS	WOHL, JERI B 1800 STATE ROAD 17 SOUTH		STREET ADDRESS					
:ITY-81-27P	AVON PARK FL 33825		CITY- 8T- ZIP					
TILE		Delete	TITLE			☐ Change	Addition	
IAME			NAME STREET ADDRESS					
TREET ADDRESS			CITY-ST-2(P	_				
TILE	-	☐ Delete	TITLE			Change	Addition	
AME .		•	NAME					
TREET ADDRESS	·		STREET ADDRESS					
1TY- \$T- ZLP	\		CITY- ST- ZIP					

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:

04/01/00

Daytime Phone #