

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000116

1. Entity Name
FLORIDA FAIRWAY PARTNERS, LLC

FILED

01 APR 12 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
546 HWY 98 EAST, SUITE C
DESTIN FL 32541

Mailing Address
546 HWY 98 EAST, SUITE C
DESTIN FL 32541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
600 Hwy 98 E Ste 200
Suite, Apt. #, etc.

3. Mailing Address
600 Hwy 98 E Ste 200
Suite, Apt. #, etc.

City & State
Destin FL

City & State
Destin FL

4. FEI Number 59-3965230

Applied For
Not Applicable

Zip 32541 Country

Zip 32541 Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BISHOP, JERRY
775 GULF SHORE DRIVE #9211
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name Jerry Bishop

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

600 Hwy 98 E Ste 200

City DESTIN

FL

Zip Code 32541

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

(NOTE: Registered Agent signature required when reinstating)

DATE 3/22/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS REALTY ADVISORS, INC.
CITY-ST-ZIP 546 HWY 98 EAST, SUITE C
DESTIN FL 32541 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 600 Hwy 98 E Ste 200
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500004037325-5
CITY-ST-ZIP -04/23/01--01010--001
*****50.00 ~~50.00~~

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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: *Jerry Bishop* REQUIRED

3/22/01

850 650 2897

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

Date

Daytime Phone #

CR2E083 (11/00)

0004076 AF