

# 2001 UNIFORM BUSINESS REPORT (UBR)

0031795 SP

**DOCUMENT #** M98000000630

**1. Entity Name**  
FAIRWAY ONE, LLC

**FILED**  
01 FEB 15 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
C/O DR. J ALLEN YAGER  
815 CLARIDGE HOUSE ONE  
VERONA NJ 07044

**Mailing Address**  
C/O DR. J ALLEN YAGER  
815 CLARIDGE HOUSE ONE  
VERONA NJ 07044



**2. Principal Place of Business**  
C/O YAGER, 430 CENTRE ST.  
Suite, Apt. #, etc. # 611

**3. Mailing Address**  
C/O YAGER, 430 CENTRE ST.  
Suite, Apt. #, etc. # 611

DO NOT WRITE IN THIS SPACE

**City & State**  
NEWTON MA

**City & State**  
NEWTON MA

**Zip**  
02458-2086

**Country**  
USA

**4. FEI Number** NOT APPLICABLE

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

RAHINKAMP, ERIC  
2816 S MACDILL AVE  
TAMPA FL 33629

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

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

100003743621--8  
-02/20/01--01083--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YAGER, J. ALLEN 815 CLARIDGE HOUSE ONE VERONA NJ 07044 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YAGER, PAUL R 19 AGASSIZ ST #25 CAMBRIDGE MA 02140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YAGER, HENRY M 10 LONG FELLOW PARK CAMBRIDGE MA 02138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YAGER, J. ALLEN 430 CENTRE ST. NEWTON MA 02458-2086 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZIP: 02140-2850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZIP: 02138-4831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** J. ALLEN YAGER, MGRM **1/27/01** **617-243-0059**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E063 (11/00)