

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M99000000556**

1. Entity Name
FAIRWAY EXECUTIVE LLC

FILED

00 JAN 27 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**10 FAIRWAY DRIVE, SUITE 114
DEERFIELD BEACH FL 33441**

Mailing Address
**10 FAIRWAY DRIVE, SUITE 114
DEERFIELD BEACH FL 33441-1803**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
52-2160239

Applied For
Not Applicable

Zip Country Zip Country

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

**SPIEGEL, SIMONE
10 FAIRWAY DRIVE, SUITE 114
DEERFIELD BEACH FL 33441**

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
**MGR SPIEGEL, SAM
10 FAIRWAY DRIVE, SUITE 114
DEERFIELD BEACH FL 33441**

TITLE NAME ☐ Change ☐ Addition
al

TITLE NAME ☐ Delete
**MGR SPIEGEL, SIMONE
10 FAIRWAY DRIVE, SUITE 114
DEERFIELD BEACH FL 33441**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition
**300003119233-3
-02/01/00-01138-001
*****50.00 *****50.00**

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-24-00 954-429-9000

CR2E083 (9/99)