

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

FAIRWAY SUBDIVISION OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4370 S. Tamiami Tr
Sarasota, Florida 34231

4370 S. Tamiami Tr
Sarasota, Florida 34231

2. Principal Place of Business
1050 Snead Ave.

3. Mailing Address
P.O. Box 51284

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34237

Country
US

Zip
34232

Country
US

4. FEI Number
65-0287234

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Paver, Paul L.
4370 S. Tamiami
Sarasota, Florida 34230

7. Name and Address of New Registered Agent

Name
Dorothy Dockery
Street Address (P.O. Box Number is Not Acceptable)
1050 Snead Avenue
City
Sarasota FL Zip Code
34237

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 Dorothy Dockery, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paver, Paul L. 4370 S. Tamiami Tr #242 Sarasota, FL P	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chaney, Sharon 4370 S. Tamiami Tr #242 Sarasota, FL D	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Colon, Sharon 4370 S. Tamiami Tr #242 Sarasota, FL D	<input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dockery, Dorothy 1050 Snead Ave Sarasota, FL 34237 P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hart, Anthony 1085 Lewis Ave Sarasota, FL V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Perez, Sandra 1045 Snead Ave Sarasota, FL S/T	<input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

President

Date

Daytime Phone #

FILED

01 JUN 14 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended

CR2E037 (11/00)