

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 41207

1. Entity Name

Fairway Lakes Office Park Owner Association

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 MAY 11 AM 9:50

Principal Place of Business

24301 Walden Center Drive
Suite 300
Bonita Springs, FL
34134

Mailing Address

24301 Walden Center Dr.
Suite 300
Bonita Springs, FL 34134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0244907

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

7. Name and Address of New Registered Agent

Name

Cullen, James D.

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

24301 Walden Center Drive

Suite 300

City

Bonita Springs, FL FL Zip Code 34134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	Milton Flinn	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL. 34134	
TITLE	Mary Beth Ebenger	<input checked="" type="checkbox"/> Delete
NAME	STD	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL. 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Katheriner Green	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL. 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth W. Hayden	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL. 34134	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Victoria Blackburn	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL. 34134	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Caldwell	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL. 34134	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dustin Travis	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL. 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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:

Kenneth W. Hayden 3/00 941-498-8620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)