

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004069

1. Entity Name

GREENBRIER ON THE FAIRWAYS CONDOMINIUM ASSOCIATI

Principal Place of Business

C/O R KERR  
11408 QUAIL VILLAGE WAY C202  
NAPLES FL 34119  
US

Mailing Address

C/O R KERR  
11408 QUAIL VILLAGE WAY C202  
NAPLES FL 34119  
US

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

65-0437362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KERR, RAYMOND  
11408 QUAIL VILLAGE WAY  
C202  
NAPLES FL 34119

7. Name and Address of New Registered Agent

Name EARLE, SHIRLEY J.

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

11404 QUAIL VILLAGE WAY

B-201

City NAPLES

FL

Zip Code

34119

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

*Shirley J. Earle*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-01

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 DP  
NAME KERR, RAYMOND ☒ Delete  
STREET ADDRESS 11408 QUAIL VILLAGE WAY C202  
CITY-ST-ZIP NAPLES FL

TITLE DST  
NAME DODD, EDWARD B ☒ Delete  
STREET ADDRESS 11412 QUAIL VILLAGE WAY D101  
CITY-ST-ZIP NAPLES FL

TITLE D  
NAME ROSBATHERN, FERGUS ☐ Delete  
STREET ADDRESS 11400 QUAIL VILLAGE WAY A201  
CITY-ST-ZIP NAPLES FL

TITLE DS  
NAME WILSON, SHARON ☐ Delete  
STREET ADDRESS 11404 QUAIL VILLAGE WAY B102  
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRES.  
NAME SHIRLEY J. EARLE ☒ Change ☐ Addition  
STREET ADDRESS 11404 QUAIL VILLAGE WAY B-201  
CITY-ST-ZIP NAPLES, FL 34119

TITLE TREAS.  
NAME JUDITH A. ZAMARRO ☐ Change ☒ Addition  
STREET ADDRESS 11412 QUAIL VILLAGE WAY D201  
CITY-ST-ZIP NAPLES, FL 34119

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

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

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

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

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:

*Shirley J. Earle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRLEY J. EARLE

3/18/01 (941-591-4392)

Date

Daytime Phone #

CR2E037 (10/00)

0072983

FILED  
Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90094 019 \*\*\*\*61.25

00023882



DO NOT WRITE IN THIS SPACE