

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001597

1. Entity Name

FAIRWAYS AT MARCO SHORES COMMONS ASSOCIATION, IN

Principal Place of Business

303 FILLMORE ST
NAPLES FL 34104
US

Mailing Address

303 FILLMORE ST
NAPLES FL 34104
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ADKINS, WILLIAM H
303 FILLMORE ST
NAPLES FL 34104

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

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 PD
STREET ADDRESS KANE, EDWARD
CITY-ST-ZIP 1316 MAINSAIL DRIVE #1021
NAPLES FL 34114 ☐ Delete

TITLE
NAME DS
STREET ADDRESS GREGOR, WILLIAM
CITY-ST-ZIP 1012 MAINSAIL DRIVE #311
NAPLES FL 34114 ☐ Delete

TITLE
NAME TD
STREET ADDRESS LAING, ROBERT F
CITY-ST-ZIP 1030 MAINSAIL DRIVE #612
NAPLES FL 34114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Robert Laing, Treasurer
Date Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90149 036 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)