

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001551

1. Entity Name

FAIRWAY GARDENS AT TARA CONDOMINIUM ASSOCIATION.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90399 010 ****61.25

Principal Place of Business
5899 WHITFIELD AVE
SUITE 107
SARASOTA FL 34243

Mailing Address
5899 WHITFIELD AVE
SUITE 107
SARASOTA FL 34243-3127

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

59-3415642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, DOUGLAS
ADVANCE MANAGEMENT
5899 WHITFIELD SUITE 107
SARASOTA FL 34-2435

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **WALLIS, ROY**
 STREET ADDRESS **6634 PINEVIEWS TERRACE**
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE **PD** ☐ Change ☒ Addition
 NAME **CARL THOMAS**
 STREET ADDRESS **6577 FAIRWAY GARDENS DR.**
 CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE **VD** ☒ Delete
 NAME **BRUNSON, THEODORA**
 STREET ADDRESS **6667 PINEVIEW TERRACE**
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **BOB PIERCE**
 STREET ADDRESS **6608 PINEVIEW TERR**
 CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE **STD** ☒ Delete
 NAME **GOLDING, CHARLES**
 STREET ADDRESS **6560 FAIRWAY GARDENS DRIVE**
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE **STD** ☐ Change ☒ Addition
 NAME **CONSTANCE MCCARTHY**
 STREET ADDRESS **6572 FAIRWAY GARDENS DR**
 CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **BOB HANSON**
 STREET ADDRESS **6570 FAIRWAY GARDENS DR**
 CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **GREG UGLEAN**
 STREET ADDRESS **6564 FAIRWAY GARDENS DR**
 CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE ☐ Delete
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)