

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90011 004 ***150.00

DOCUMENT # P00000040060

1. Entity Name

FAIRWAY FUNDING CORP.

Principal Place of Business

**5525 US HWY 98 NORTH
 LAKELAND FL 33809**

Mailing Address

**5525 US HWY 98 NORTH
 LAKELAND FL 33809**

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

59-3639877

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

**SPIEGEL & UTRERA, P.A.
 1602 YEOMANS PATH
 LAKELAND FL 33809**

7. Name and Address of New Registered Agent

Name **JOHN E. JIROVEC**

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

1602 YEOMANS PATH

City **LAKELAND**

FL

Zip Code **33809**

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]

JOHN JIROVEC

4-25-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | JIROVEC, JOHN E | |
| STREET ADDRESS | 1602 YEOMANS PATH | |
| CITY-ST-ZIP | LAKELAND FL 33809 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | RUDOLFO, JORGE | |
| STREET ADDRESS | 1702 SHERWOOD LAKES BLVD. | |
| CITY-ST-ZIP | LAKELAND FL 33809 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | JIROVEC, C. JUANITA | |
| STREET ADDRESS | 1602 YEOMANS PATH | |
| CITY-ST-ZIP | LAKELAND FL 33809 | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | REMOVE | |
| CITY-ST-ZIP | | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **JOHN JIROVEC**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)