

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90130 023 ***150.00

0304634 AV

DOCUMENT # P01000005464

1. Entity Name
FAIRFIELD REAL ESTATE, INC.

Principal Place of Business
1500 EAST LAS OLAS BLVD.
SUITE 201
FORT LAUDERDALE FL 33301

Mailing Address
1500 EAST LAS OLAS BLVD.
SUITE 201
FORT LAUDERDALE FL 33301

2. Principal Place of Business
1500 EAST LAS OLAS BLVD

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

City & State

City & State

FORT LAUDERDALE, FL

Zip

Country

Zip

Country

33301

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name RICHARD A. BEAUCHAMP

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

1500 E. LAS OLAS BLVD.

SUITE 200

City

FORT LAUDERDALE

FL

Zip Code

33301

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 (RICHARD A. BEAUCHAMP) 2/11/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BEAUCHAMP, JOHN W
STREET ADDRESS 1500 EAST LAS OLAS BLVD. #201
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☒ Delete

TITLE PD
NAME Beauchamp, Victoria R.
STREET ADDRESS 1500 E. LAS OLAS BLVD. #201
CITY-ST-ZIP FORT LAUDERDALE, FL 33301 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/02 683-3773

CR2E034 (9/01)