

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-06-2003 90090 004 ***150.00

DOCUMENT # P02000020270

1. Entity Name
FAIRWAY MANAGEMENT ASSOCIATES, INC.



Principal Place of Business
948 PELICAN BAY DR.
DAYTONA BCH FL 32119

Mailing Address
948 PELICAN BAY DR.
DAYTONA BCH FL 32119

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
705 ART CENTER AVE
Suite, Apt. #, etc.
City & State
NEW SMYRNA FL

Zip 32168-5516 **Country** VOLUSIA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0657987 **Applied For** ☐ **Not Applicable** ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RATHJEN, STEVE
948 PELICAN BAY DR.
DAYTONA BCH FL 32119

7. Name and Address of New Registered Agent
Name: DAN FLORIO
Street Address (P.O. Box Number is Not Acceptable): 705 ART CENTER AVE
City: NEW SMYRNA FL Zip Code: 32168-5516

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME RATHJEN, STEVE STREET ADDRESS 948 PELICAN BAY DR. CITY-ST-ZIP DAYTONA BCH FL 32119	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT NAME DAN FLORIO STREET ADDRESS 705 ART CENTER AVE CITY-ST-ZIP NEW SMYRNA FL 32168-5516	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME FLORIO, DAN STREET ADDRESS 4040 S. WATERBRIDGE CIR. CITY-ST-ZIP PORT ORANGE FL 32129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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 REQUIRED **2/4/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)