

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39113

1. Entity Name

FAIRWAYS GENERAL PARTNER, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90248 048 ***150.00

Principal Place of Business

PO BOX 930
SANIBEL FL 33957
US

Mailing Address

PO BOX 930
SANIBEL FL 33957-0930
US

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

65-0347386

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

BERG, WILLIAM
5710 DRAW LANE
SARASOTA FL 34238

Name

ROBERT KENT

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

2665 WEST GULF DRIVE

City

SANIBEL

FL Zip Code

33957-0930

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

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, 2000 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	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
C	BERGSCHNEIDER, MARC C.	260 REDDING ROAD	EASTON CT	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	KENT, ROBERT	P O BOX 930 NA	SANIBEL FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	BERG, WILLIAM	5710 DRAW LANE	SARASOTA FL	<input type="checkbox"/>		SAME	1639 COTTONWOOD TRAIL	SARASOTA, FL 34232	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

ROBERT KENT, PRES.

7-26-00

941-472-3450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)