

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000076887

1. Entity Name

FAIRWAY LAKES OF GREENVIEW, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90215 033 ***150.00

Principal Place of Business
12794 W. FOREST HILL BLVD.
SUITE 34
WELLINGTON FL 33414

Mailing Address
12794 W. FOREST HILL BLVD.
SUITE 34
WELLINGTON FL 33414-4758

2. Principal Place of Business
2044 GREENVIEW SHORES

3. Mailing Address
2044 GREENVIEW SHORES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WELLINGTON FL

City & State
WELLINGTON FL

Zip
FL

Country
33414

Zip
FL

Country
33414



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0541013

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

JOHNSON, ROBERT E
12794 FOREST HILL BLVD
STE 34
WELLINGTON FL 33414

2044 Greenview Shores

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 ROBERT E. JOHNSON PRES. Reg Agent 4/12/00

(NOTE: Registered Agent signature required when reinstating)

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	PSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, ROBERT E		NAME		
STREET ADDRESS	12794 W. FOREST HILL BLVD. #34		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		CITY-ST-ZIP		
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSENBLUM, ALAN		NAME		
STREET ADDRESS	178 INDUSTRIAL PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FRANKFORT NY 13340		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: ROBERT E. JOHNSON 4/12/00 561 792 7778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #