

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90057 016 \*\*\*150.00

DOCUMENT # P95000011237

1. Entity Name

FAIRWAYS HOLDINGS, INC.

Principal Place of Business

Mailing Address

30 ST. CLAIR AVE. WEST

30 ST. CLAIR AVE. WEST

SUITE 1100

SUITE 1100

TORONTO, ONTARIO, CANADA M4V -3A1

TORONTO, ONTARIO, CANADA M4V -3A1

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 52-1966883

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

LETITIA E. WOOD, P.A.  
200 E. ROBINSON ST.  
SUITE 500  
ORLANDO FL 32801

Name

Wood, Letitia E., Esquire

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

Katz, Kuter, Haigler, Alderman, Bryant & Von, PA

111 North Orange Ave., Suite 900

City

Orlando

FL

Zip Code

32801

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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, 2001 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	<input type="checkbox"/> Delete
NAME	MEDOFF, RONALD A	
STREET ADDRESS	26 VESTA DRIVE	
CITY-ST-ZIP	TORONTO, ONTARIO M5P 2Z5	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MEDOFF, CHERYL	
STREET ADDRESS	26 VESTA DRIVE	
CITY-ST-ZIP	TORONTO, ONTARIO M5P 2Z5	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD A. MEDOFF

April 26, 2001

Date

Daytime Phone #

416-972-0458

CR2E034 (10/00)