	PLEASE READ	ALL INST	RUCTION	S BEFORE C	OMPLET	ING THIS FOR	łΜ		
API	PLICATION FOR		A DEPARTMI Katherine I	ENT OF STATE Harris		FILE			
REIN	STATEMENT	<u>D</u>	Secretary of IVISION OF CORP			99 DEC -6	AM 9: 17	·	
DOCUMENT # P97000046434 1. Corporation Name					SECRETARY OF STATE TALEAHASSEE, FLORIDA				
FAIRW	AYS AND GREENS IN	ESTMEN'	T CLUB, IN	IC.				•	
Principal P	lace of Business	Mailing Addr	ess		-				
			1245 COURT ST., STE. 102 CLEARWATER FL 33756						
US				DEING	TATERAE	AT			
2. New Pri	ddresses are incorrect in any way, line th	g Office Address, If Applicable 4		REINSTATEMENT 4. Date Incorporated or Qualified To Do Business in Florida OF M7/1907					
FOI Enterprese Rocal Fost FOI Suite Apt. #, etc. Suite, Apt.				2 Road East	V0/21/ 1991				
City & State City &			s spare			59-3449927 Not Applicable			
3 # 6	95 Country USA	Zin C	A Cour		6. CERTIFICATE	OF STATUS DESIRED		ial five required alc of Status	
	and Street Addresses of Each Officer and Name of Officers		rida nonprofit corpo	orations must list at lea					
Title(s)	and/or Directors	Officer and/or Director			City / State / Zip				
VP	VP GREENBERG, WILL JEHT Davis			3000 OAK ORECK DRIVE NORTH			OLEANNATER FL 34677 O LOCUMOT, PL 34677		
\$	BRUDNY, MICHAEL ROBERT TANKEL	17-31 Hickory GATE De Suil			TAMPA FL 63636 Dywedin, FL 34698				
Ť	GROSSMAN, JEFF	2827 ANDERSON DRIVE NORTH			CLEARWATER FL 3				
Р	KATZKEFF, RICHARD	1538 LOCKME	ADE PLACE		OLDSMAR FL 34677				
			C			000030706006 -12/15/9901013024			
						****758.75 ****758.75			
*********	8. Name and Address of Curren	Registered Age	ent	Name	9. Name and A	ddress of New Registe	red Agent		
KATZEFF, RICHARD					P.O. Box Number	is Not Acceptable)			
1538 LOCKMEADE PLACE OLDSMAR FL 34677				Sulte, Apt. #, Etc.					
		City			State Zip Code FL				
10. I, being Signature o Registered	appointed the registered agent of the at	ove named corpo	DL :	with and accept the o	bligations of Secti		199		
this rein owed by	that I am an officer or director or the reco statement application, the reason for dis- y the corporation have been paid and the application is true and accurate, and my t	olution has been names of individ	eliminated, the cor luals listed on this f	porate name satisfies form do not qualify for	the requirements an exemption unc	of section 607.0401 or 6	17.0401, F.S., tl	hat all fees	
SIGNAT	TURE: SIGNATURE AND TYPED OR PI	In Cou	COO STOCER OF	R DiRECTOR		11/23/99 (K (727) 790 Daytime Phone	E -6900	

SIGNATURE: RIGHATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR RICHARD TO STREET OR DIRECTOR PRESIDENT