2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # **P97000066272** 1. Entity Name FAIRFIELD GARDENS, INC. 04-12-2000 90087 004 ***150.00 Principal Place of Business Mailing Address C/O MARK F. GRANT. ESO. C/O MARK F. GRANT. ESO. 200 EAST BROWARD BLVD 200 EAST BROWARD BLVD 833097 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301-1963 2. Principal Place of Business 3. Mailing Address 2600 N. MILITARY TRAIL 2600 N. MILITARY TRAIL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE SUITE 160 Applied For City & State City & State 4. FEI Number 65-0775779 3*0*CA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRANT, MARK F Street Address (P.O. Box Number is Not Acceptable) C/O RUDEN, MCCLOSKY, SMITH, ET AL. 200 EAST BROWARD BLVD FT LAUDERDALE FL 33301 Zip Code for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE gent and title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of regis FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 ☐ Change Addition TITLE ☐ Delete TITLE DEBAPTISTE, MARC NAME NAME 2600 NORTH MILITARY TRAIL, SUITE 160 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Addition ☐ Change ☐ Delete TITLE DONNELLAN, RICHARD P JR NAME STREET ADDRESS 2600 NORTH MILITARY TRAIL, SUITE 160 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** - . Change ☐ Addition TITLE-TITLE - Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Thange ☐ Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP opes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this indicated on this report or supplemental report of the corporation or the receiver or trustee of ess, with changed, or on an attachment with a