5/1 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000104328 Jun 06, 2000 8:00 am **Secretary of State** FAIRWAYS DEVELOPMENT OF NAPLES, INC. 05-16-2000 90116 002 ***158.75 Mailing Address Principal Place of Business 4500 EXCUTIVE DR 6289 BURNHAM ROAD NAPLES FL 34119 STE 300 NAPLES FL 34119-8908 US 2. Principal Place of Business 3. Mailing Address NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State APPLIED FOR Not Applicable 59-3508 N Country \$8.75 Additional Ζip Country 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. Street Address (P.O. Box Number is Not Acceptable) 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103 Zip Code City 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 (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE HARDY, ROBERT S NAME NAME STREET ADDRESS STREET ADDRESS 4500 EXECUTIVE DR. 300 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 ☐ Change Addition ☐ Delete TITLE TITLE HARDY, R. PAUL NAME NAME 4500 EXECUTIVE DR. 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 City-ST-7IP ☐ Addition Change Delete TITLE TITLE KELLY; JANET MALIF NAME STREET ADDRESS 4500 EXECUTIVE DR, 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 Addition ☐ Delete TITLE" ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE 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 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.