

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

**DOCUMENT # A18792**  
Entity Name  
**BELAIR GROVES, LIMITED**

00 MAR 20 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf 3/20*



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **P.O. BOX 458 TANGERINE FL 32777-0458**  
Mailing Address: **P.O. BOX 458 TANGERINE FL 32777-0458**

2. Principal Place of Business: **7684 Lake Ola Drive**  
Suite, Apt. #, etc.:  
3. Mailing Address: **same as above**  
Suite, Apt. #, etc.:

City & State: **Mount Nora FL**  
City & State:  
Zip: **32757** Country: **US**  
Zip: Country:

4. FEI Number: **59-2480495** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CHASE, SYDNEY O III**  
**2850 CLOVERBROOK PLACE**  
**LAKE MARY FL 32746**

7. Name and Address of New Registered Agent  
Name: **Chase, Sydney O. III**  
Street Address (P.O. Box Number is Not Acceptable):  
**7684 Lake Ola Drive**  
City: **Mount Nora FL** Zip Code: **32757**

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: **Sydney O. Chase III** **Sydney O. Chase III** **16 March 2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required upon reinstating) DATE

9. Capital Contributions as Shown on record: **\$2,253,841.80**  
10. Amount of Capital Contributions in FLORIDA to date.  
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	CHASE, SYDNEY O., III, TRUSTEE
NAME	2850 CLOVERBROOK PLACE
STREET ADDRESS	LAKE MARY FL 32746
CITY - ST - ZIP	
DOCUMENT #	LASBURY, R. CHASE
NAME	22 WEST ROCKWOOD WAY
STREET ADDRESS	WINTER PARK FL 32789
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	7684 Lake Ola Drive
CITY - ST - ZIP	Mount Nora, FL 32757
STREET ADDRESS	1268 Melissa Court
CITY - ST - ZIP	Winter Park, FL 32789
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Sydney O. Chase III** **16 March 2000** **16 March 2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)