

2002 UNIFORM BUSINESS REPORT (UBR)

0007916 AT

DOCUMENT # **A18792**

FILED

02 MAR -7 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name

BELAIR GROVES, LIMITED

Principal Place of Business

Mailing Address

7684 LAKE OLA DRIVE
MOUNT DORA FL 32757-0458

P.O. BOX 458
TANGERINE FL 32777-0458

2. Principal Place of Business

3. Mailing Address

P.O. Box 458
Suite, Apt. #, etc.
Tangerine

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

Florida 32777

4. FEI Number

59-2480495

Applied For

Not Applicable

Zip

Country

Zip

Country

32777

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

Name

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

City

FL

Zip Code

CHASE, SYDNEY O III
7684 LAKE OLA DRIVE
MOUNT DORA FL 32757-0458

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHASE, SYDNEY O., III, TRUSTEE
7684 LAKE OLA DRIVE
MOUNT DORA FL 32757-0458**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**LASBURY, R. CHASE
1268 MELISSA COURT
WINTER PARK FL 32789**

STREET ADDRESS
CITY-ST-ZIP
**600005099456--9
-03/13/02--01031--033
****526.25 ****526.25**

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NAME
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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* 22 February 2002 352-385-4446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE