

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

0008671  
AT

DOCUMENT # A01000000291

1. Entity Name

JAMES H. DEESE FAMILY LIMITED PARTNERSHIP A

02 APR 25 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1800 S. OAK STREET  
MELBOURNE FL 32901

Mailing Address

P.O. DRAWER 361937  
MELBOURNE FL 32936-1937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

#30-0062353

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEESE, PATRICK J P.A.  
1516 N. HARBOR CITY BLVD.  
MELBOURNE FL 32936-1937

7. Name and Address of New Registered Agent

Name

Patrick J. Deese, P.A.

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

1529 N. Harbor City Blvd.

City

Melbourne,

FL

Zip Code  
32935

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.

Patrick J. Deese, P.A.

4/14/02

DATE

9. Capital Contributions  
as Shown on record.

\$50.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$50.00

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 #  
NAME DEESE, JAMES H  
STREET ADDRESS 1800 S. OAK STREET  
CITY-ST-ZIP MELBOURNE FL 32936-1937

DOCUMENT #  
NAME DEESE, MARY C  
STREET ADDRESS 1800 S. OAK STREET  
CITY-ST-ZIP MELBOURNE FL 32901

DOCUMENT #  
NAME DEESE, JAMES H II  
STREET ADDRESS 4010 FOOTHILLS DRIVE  
CITY-ST-ZIP ORLANDO FL

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

100005450561--4  
-05/03/02-01076-010  
\*\*\*\*141.25 \*\*\*\*141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

As General Partner

x 4/14/02 407-290-5106

Date

Daytime Phone #

CR2E003 (9/01)