

2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000291

1. Entity Name  
JAMES H. DEESE FAMILY LIMITED PARTNERSHIP A



Principal Place of Business  
1800 S. OAK STREET  
MELBOURNE FL 32901

Mailing Address  
P.O. DRAWER 361937  
MELBOURNE FL 32936-1937

FILED  
03 MAY -2 PM 6:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MLJH



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

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

7. Name and Address of New Registered Agent

DEESE, PATRICK J P.A.  
1529 N. HARBOR CITY BLVD.  
MELBOURNE FL 32935

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$50.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 DEESE, JAMES H  
STREET ADDRESS 1800 S. OAK STREET  
CITY-ST-ZIP MELBOURNE FL 32936-1937

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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  
*James H. Deese*

04/25/03

(321) 242-3333

Date

Daytime Phone #

CR2E003 (10/02)

0008753 AT