

# 2602 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR 25 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A01000000292**

1. Entity Name  
**JAMES H. DEESE FAMILY LIMITED PARTNERSHIP B**

Principal Place of Business <b>1800 S. OAK STREET MELBOURNE FL 32901</b>	Mailing Address <b>P.O. DRAWER 361937 MELBOURNE FL 32936-1937</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**DUE BY MAY 1, 2002**

4. FEI Number  Applied For  
 Not Applicable

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 *Patrick J. Deese P.A.* **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 STREET ADDRESS CITY-ST-ZIP	<b>DEESE, JAMES H 1800 S. OAK STREET MELBOURNE FL 32901</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>DEESE, MARY C 1800 S. OAK STREET MELBOURNE FL 32901</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>DEESE, JAMES H II 4010 FOOTHILLS DRIVE ORLANDO FL</b>
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	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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**-05/03/02--01076-001**  
**\*\*\*\*141.25 \*\*\*\*141.25**

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: *x Patrick J. Deese II* **As General Partner x 4/14/02 407-290-5116**

CR2E003 (9/01)