

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008754 AT

DOCUMENT # **A01000000292**



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

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

BJH

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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **APPLIED FOR**
EIN: 30-0133073

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

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 32901**

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

300017863643
05/02/03--01019--005 **141.25

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

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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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: *X* **Mary C Deese** 04/25/03 (321) 242-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)