

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A13970**

1. Entity Name

CHESAPEAKE REALTY CO. LTD.

Principal Place of Business

**12588 CLASSIC DR.
CORAL SPRINGS FL 33071**

Mailing Address

**12588 CLASSIC DR.
CORAL SPRINGS FL 33071**

FILED

2002 FEB 26 AM 10:23

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number

65-0155193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELLIS, GARY R.
12588 CLASSIC DRIVE
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name

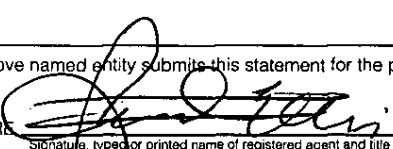
Street Address (P.O. Box Number is Not Acceptable)

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.

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

DATE

9. Capital Contributions
as Shown on record.

\$2,500.00

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

**ELLIS, GARY R.
12588 CLASSIC DR.
CORAL SPRINGS FL**

STREET ADDRESS

CITY-ST-ZIP

900005041659--4

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**ELLIS, BEVERLY ANN
12588 CLASSIC DR.
CORAL SPRINGS FL**

STREET ADDRESS

CITY-ST-ZIP

-03/04/02--01104--006

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DOCUMENT #

NAME

STREET ADDRESS

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FEB 20, 2002

Date

954-938-7830

Daytime Phone #

CR2E003 (9/01)