

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A18792

1. Entity Name  
BELAIR GROVES, LIMITED



FILED

03 MAR -7 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
P.O. BOX 458  
TANGERINE FL 32777-0458

Mailing Address  
P.O. BOX 458  
TANGERINE FL 32777-0458

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-2480495

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

CHASE, SYDNEY O III  
7684 LAKE OLA DRIVE  
MOUNT DORA FL 32757-0458

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. \$2,253,841.80

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 CHASE, SYDNEY O., III, TRUSTEE  
STREET ADDRESS 7684 LAKE OLA DRIVE  
CITY-ST-ZIP MOUNT DORA FL 32757-0458

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME LASBURY, R. CHASE  
STREET ADDRESS 1268 MELISSA COURT  
CITY-ST-ZIP WINTER PARK FL 32789

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Sydney O. Chase III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03 March 2003

Date

Daytime Phone #

352 385 4444

CR2E003 (10/02)