

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20513**

1. Entity Name

**GARLAND INVESTMENTS, LTD.**

APPROVED  
AND  
FILED

02 APR 19 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**800 N. MAGNOLIA AVE., #1500  
ORLANDO FL 32803**

Mailing Address

**P.O. BOX 2346  
ORLANDO FL 32802**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number

**59-3563625**

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

**LÉE, STEVEN C.**

**800 NORTH MAGNOLIA AVENUE**

**SUITE 1500**

**ORLANDO FL 32803**

Name

**DEAN MEAD SERVICES, LLC**

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

**800 N. MAGNOLIA AVE.**

**SUITE 1500**

City

**ORLANDO**

**FL**

Zip Code

**32803**

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.

**DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A., Sole Member**

By:

SIGNATURE *Steven C. Lee*  
Signature, typed or printed name of registered agent and title if applicable.

**Steven C. Lee, Vice Pres.**

**04/01/02**

DATE

9. Capital Contributions  
as Shown on record.

**\$900,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$900,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **A21870**  
NAME **YEAGER PROPERTIES** *Robert A. Yeager*  
STREET ADDRESS **100 S. ORANGE AVE. #800**  
CITY-ST-ZIP **ORLANDO FL** *amend - 3-8-02*

STREET ADDRESS **130 S. Orange Avenue, Suite 300**  
CITY-ST-ZIP **Orlando, FL 32801**

DOCUMENT # **G91105000019** *G9100000057*  
NAME **DME PROPERTIES**  
STREET ADDRESS **800 N MAGNOLIA AVE. 1500**  
CITY-ST-ZIP **ORLANDO FL**

STREET ADDRESS  
CITY-ST-ZIP  
**900005348459--9**  
**-04/25/02--01053--022**  
**\*\*\*526.25 \*\*\*526.25**

DOCUMENT # **G93117900006**  
NAME **GRJ PROPERTIES**  
STREET ADDRESS **111 N. ORANGE AVE**  
CITY-ST-ZIP **ORLANDO FL**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT # **GP0000000301**  
NAME **SMM PROPERTIES**  
STREET ADDRESS **255 S. ORANGE AVE. #800**  
CITY-ST-ZIP **ORLANDO FL**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT # **F93000001974**  
NAME **GILBANE GATEWAY ASSOC.**  
STREET ADDRESS **SEVEN JACKSON WALKWAY**  
CITY-ST-ZIP **PROVIDENCE RI**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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:

*Steven C. Lee*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DME PROPERTIES**

04/01/02

(407) 428-5149

Date

Daytime Phone #

CR2E003 (9/01)