

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A22980

1. Entity Name

FELLSMERE INVESTORS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 19 PM 1:25

*[Handwritten signature]*

Principal Place of Business

215 BAYTREE DR  
STE 1  
MELBOURNE FL 32940

Mailing Address

215 BAYTREE DR  
STE 1  
MELBOURNE FL 32940-2163

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2796648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MITCHELL, BRUCE A.~~  
1825 SOUTH RIVERVIEW DRIVE  
MELBOURNE FL 32901

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$112,500.00**

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 # H13781  
NAME FELLSMERE DEV. CORP. INC  
STREET ADDRESS 410 N. WICKHAM RD., #200  
CITY - ST - ZIP MELBOURNE FL

STREET ADDRESS

CITY - ST - ZIP

300003263059--3  
-05/23/00--01042--002

DOCUMENT #  
NAME GLOVER, JOSEPH H.  
STREET ADDRESS 3109 S. MAIN STREET  
CITY - ST - ZIP MELBOURNE FL

STREET ADDRESS

CITY - ST - ZIP

\*\*\*\*676.25 \*\*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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

Date

Daytime Phone #

7/14/00