

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22980**

1. Entity Name

**FELLSMERE INVESTORS, LTD.**

**FILED**

**01 APR 30 AM 11:26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**215 BAYTREE DR  
STE 1  
MELBOURNE FL 32940**

Mailing Address

**215 BAYTREE DR  
STE 1  
MELBOURNE FL 32940**

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

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

7. Name and Address of New Registered Agent

Name

**JOSEPH H. GLOVER**

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

**215 BAYTREE DRIVE**

City

**MELBOURNE**

**FL**

Zip Code

**32940**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-25-2001**

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 this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

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

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**500004335645--5**

**-05/31/01--01042--002**

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

STREET ADDRESS

CITY-ST-ZIP

**526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 720, Florida Statutes

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4-25-2001**

0013253 AF

CR2E003 (11/00)