

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A22980**

**1. Entity Name**  
**FELLSMERE INVESTORS, LTD.**



**FILED**

**03 MAR 20 AM 8:48**

**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.

**DUE BY MAY 1, 2003**

City & State

City & State

**4. FEI Number 59-2796648**

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**

**JOSEPH H. GLOVER**  
**215 BAYTREE DR**  
**STE 1**  
**MELBOURNE FL 32940**

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

**3/11/03**

**9. Capital Contributions  
as shown on record.**

**\$112,500.00**

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

**910014408839**

**03/20/03--01027--026 \*\*526.25**

**DOCUMENT #**  
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**STREET ADDRESS**  
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STREET ADDRESS

CITY-ST-ZIP

**M THOMAS**

**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

**3/11/03**

Date

Daytime Phone #

0008766  
AT

CR2E003 (10/02)