

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014949 AT

DOCUMENT # **A98000000999**

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

FILED

02 JAN 31 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**821 WYNDEMERE WAY  
NAPLES FL 34105**

Mailing Address  
**821 WYNDEMERE WAY  
NAPLES FL 34105**

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  
**52-2112944**

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

~~BURKE, WILLIAM M ESQ~~  
~~BOND SCHOENECK & KING, P.A.~~  
~~4001 TAMiami TRAIL NORTH~~  
~~NAPLES FL 34103~~

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

DATE

9. Capital Contributions as Shown on record.  
**11,913,639.00**  
~~1,649,639.00~~

10. Amount of Capital Contributions in FLORIDA to date.  
**1,913,639.00**

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  
**800004851468--2**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PIEPER, RAYMOND F TRUSTEE  
821 WYNDEMERE WAY  
NAPLES FL 34105**

STREET ADDRESS  
CITY-ST-ZIP  
**-02/01/02--01008--010  
\*\*\*526.25 \*\*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PIEPER, BETTY M TRUSTEE  
821 WYNDEMERE WAY  
NAPLES FL 34105**

STREET ADDRESS  
CITY-ST-ZIP  
**FF \$526.25**

DOCUMENT #  
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**JAN 7, 2002**

Date Daytime Phone #

CR2E003 (9/01)