

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002804**

1. Entity Name  
**GALECO LIMITED PARTNERSHIP**



Principal Place of Business  
**C/O DIVINE. BLALOCK. MARTIN. SELLAPI PA  
560 VILLAGE BLVD., #335  
WEST PALM BEACH FL 33409**

Mailing Address  
**C/O DIVINE. BLALOCK. MARTIN. SELLAPI PA  
560 VILLAGE BLVD., #335  
WEST PALM BEACH FL 33409**

**FILED**  
**03 APR 16 AM 10:48**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0882082**

Applied For

Not Applicable

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

~~DONILON, THOMAS~~  
**C/O DIVINE, BLALOCK, MARTIN, SELLAPI PA  
560 VILLAGE BLVD., #335  
WEST PALM BEACH FL 33409**

Name

**GARY B. SELLARI**

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 *Gary B. Sellari*  
Signature, typed or printed name of registered agent and title if applicable.

4/13/03  
DATE

9. Capital Contributions  
as Shown on record. **\$5,000,000.00**

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 # **P98000104701**  
NAME **CHESAPEAKE MANAGEMENT, INC.**  
STREET ADDRESS **C/O 560 VILLAGE BLVD, STE. 335**  
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**200016087912**  
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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:

*Gary B. Sellari*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-4-03**

Date

**410.991.3509**

Daytime Phone #

CR2E003 (10/02)

0011860 AT

STAPLE CHECK HERE