

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012298 AT

DOCUMENT # B01000000291

1. Entity Name

CHESTERFIELD PARK ASSOCIATES LIMITED PARTNERSHIP

02 APR 19 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2290 FIRST NATIONAL BLDG.
C/O GREGORY DEMARS
DETROIT MI 48226

Mailing Address
2855 S. CONGRESS AVENUE, SUITE A
DELRAY BEACH FL 33445



2. Principal Place of Business
9051 Florida Mining Blvd
Suite, Apt. #, etc.
Suite 100
City & State
Tampa, FL
Zip
33634
Country
USA

3. Mailing Address
9051 Florida Mining Blvd
Suite, Apt. #, etc.
Suite 100
City & State
Tampa, FL
Zip
33634
Country
USA

DUE BY MAY 1, 2002

4. FEI Number
59-2695875
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRACCHIOLO, SAM A JR.
2855 SOUTH CONGRESS AVENUE, SUITE A
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 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 #	F97000005546 CHESTERFIELD PARK CORPORATION 2855 S. CONGRESS AVENUE, SUITE A DELRAY BEACH FL 33445	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-15-02 813-889-8355

Date Daytime Phone #

CR2E003 (9/01)