

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104701

1. Entity Name

CHESAPEAKE MANAGEMENT, INC.

FILED

02 JUL -2 PM 2:38

Principal Place of Business

C/O GUNSTER, YOAKLEY, VALDES-FAULI ETAL  
777 S. FLAGLER DRIVE, 500 EAST  
WEST PALM BEACH FL 33401

Mailing Address

C/O GUNSTER, YOAKLEY, VALDES-FAULI ETAL  
777 S. FLAGLER DRIVE, 500 EAST  
WEST PALM BEACH FL 33401

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

C/O DIVINE, BLAOCK, MARTIN, SECRETARY  
Suite, Apt. #, etc.  
560 VILLAGE BLVD # 335  
City & State  
WEST PALM BEACH, FL  
Zip  
33409

3. Mailing Address

C/O DIVINE, BLAOCK, MARTIN, SECRETARY, PA  
Suite, Apt. #, etc.  
560 VILLAGE BLVD # 335  
City & State  
WEST PALM BEACH, FL  
Zip  
33409

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0882007

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DR.,  
SUITE 500 EAST  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name  
THOMAS DONELON C/O DIVINE, BLAOCK, MARTIN, SECRETARY, PA  
Street Address (P.O. Box Number is Not Acceptable)  
560 VILLAGE BLVD, SUITE 335  
City  
WEST PALM BEACH, FL  
Zip Code  
33409

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

*Thomas R. Donelon*

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

(NOTE: Registered Agent signature required when reinstating)

0-28-02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GALLANT, CHARLES 130 BARTON AVE PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GALLANT, ANTOINETTE 130 BARTON AVE PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ANTOINETTE GALLANT 130 BARTON AVE PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY, TREAS GUY GALLANT 130 BARTON AVE PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEVEN GALLANT 130 BARTON AVE PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Antoinette Gallant*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antoinette Gallant 5/31/02

Date

Daytime Phone #

CR2E034 (9/01)

# DIVINE, BLALOCK, MARTIN & SELLARI, P.A.

G. MICHAEL MARTIN, CPA\*  
GARY B. SELLARI, CPA\*\*PFS,MSM  
J. RONALD ANDERSON, CPA\*\*ABV,CVA

## CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

560 VILLAGE BLVD., SUITE 335

WEST PALM BEACH, FL 33409

PHONE (561)686-1110 FAX (561)686-1330

TOLL FREE 1-888-686-1115

E-MAIL ADDRESS: [info@dbmscpa.com](mailto:info@dbmscpa.com)

## MEMBERS

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CERTIFIED PUBLIC ACCOUNTANTS

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THE STATE OF NY

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May 17, 2002

Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee FL 32399

RE: Galeco Limited Partnership

Dear Sir or Madam:

We are the accountants for the above referenced entity. Enclosed please find the annual report for the reporting period ending May 1, 2002. We respectfully request that late penalties be abated or waived based on reasonable cause.

We ask for relief under authority provided by Florida Regulation Rule 12-13.007, which provides grounds for reasonable cause and compromise of penalties. Section (2) of the Regulations (attached) states "reasonable cause is indicated by the existence of facts and circumstances which support the exercise of ordinary care and prudence on the part of the taxpayer in compliance with the revenue laws of this state." Further, Section (6) specifically states "reliance upon another person to comply with filing requirements,...is a basis for reasonable cause." In this case adequate procedures for compliance existed because the taxpayer employed two law firms and an accounting firm that has worked with the taxpayer for over twenty years. The filing has been handled without a problem of any sort in past years.. However, extenuating circumstances included the death of the entities principal during 2001. This led to a change in law firms and coordination of the filing by the CPA firm during the "tax season" time of year. Responsibilities were eventually determined by the estate and the law firms respectively and a minor delay occurred. We believe it is clear the taxpayer exercised care and prudence and accordingly ask for relief pursuant to the above described reasonable cause.

Thank you sincerely for your time and consideration. Please feel free to call should you have questions or comments.

Respectfully,

A handwritten signature in black ink, appearing to read "Thomas R. Donelon". The signature is fluid and cursive, with a large initial "T" and "D".

Thomas R. Donelon, CPA, MST

TD\lw

X:\Apps\Db\G\Galeco\Ltr requesting relief-TD-ltr.doc