

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -1 PM 3:30



DOCUMENT # A00000001696

1. Entity Name
THE TRUSLER FAMILY LIMITED PARTNERSHIP

Principal Place of Business
**4010 W. SAN RAFAEL ST.
TAMPA FL 33629**

Mailing Address
**4805 W. LAUREL ST., STE. 230
TAMPA FL 33607**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-3597812** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RILEY, STEVEN P
4805 W. LAUREL ST., STE. 230
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name
MAGNUS FLAWS, JR.

Street Address (P.O. Box Number is Not Acceptable)
3242 HENDERSON BLVD.

SUITE 301

City **TAMPA** FL Zip Code **33609**

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 *Magnus Flaws, Jr.* **MAGNUS FLAWS, JR., C.P.A.** DATE *2/26/02*

9. Capital Contributions as Shown on record. **\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,000,000**

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	
DOCUMENT #	TRUSLER, GENEVA M TRUSTEE
NAME	4010 W. SAN RAFAEL ST.
STREET ADDRESS	TAMPA FL 33629
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900005063819--7
CITY-ST-ZIP	-03/07/02--01034--015
	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Geneva M Trusler* **Feb 23, 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)