

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006629 AT

DOCUMENT # **A99000001221**

1. Entity Name

**GASKELL FAMILY LIMITED PARTNERSHIP**

FILED

02 MAR 20 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>1000 VICARS LANDING WAY, PH-11 PONTE VEDRA BEACH FL 32082</b>	Mailing Address <b>1000 VICARS LANDING WAY, PH-11 PONTE VEDRA BEACH FL 32082</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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**DUE BY MAY 1, 2002**

City & State	City & State	4. FEI Number <b>59-3590007</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**YONG, FRANK J  
701 FISK STREET, SUITE 110  
JACKSONVILLE FL 32204**

**-7. Name and Address of New Registered Agent**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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. **\$12,000,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P99000065871 KATHARINE H. GASKELL, INC. 1000 VICARS LANDING WAY, PH-11 PONTE VEDRA BEACH FL 32082</b>
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000005169780--3 -03/26/02--01063--013 ***526.25 ***526.25</b>
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STREET ADDRESS	<b>000005169780--3 -03/26/02--01063--013 ***526.25 ***526.25</b>
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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: *Katharine H. Gaskell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**KATHARINE H. GASKELL 2/19/02**  
Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)

904-285-535