

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004366 AV

DOCUMENT # A00000001696

1. Entity Name

THE TRUSLER FAMILY LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR -1 PM 3:30

WL  
3/6

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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

7. Name and Address of New Registered Agent

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

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. 2/26/02  
Signature, typed or printed name of registered agent and title if applicable. DATE

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

13. ADDRESS CHANGES ONLY

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

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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: GENEVA M TRUSLER Feb 23, 2002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)