

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # A00000001696

1. Entity Name
THE TRUSLER FAMILY LIMITED PARTNERSHIP



FILED

MJH

03 APR 18 PM 1:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Mailing Address
~~4005 W. LAUREL ST., STE 230~~
TAMPA FL 33607



2. Principal Place of Business
3242 HENDERSON BLVD

3. Mailing Address
3242 HENDERSON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

SUITE 301

SUITE 301

City & State

City & State

TAMPA, FL 33609

TAMPA FL

4. FEI Number 59-3597812

Applied For

Not Applicable

Zip

Country

Zip

Country

33609

33609

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

FLAWS, MAGNUS JR.
3242 HENDERSON BLVD., SUITE 301
TAMPA FL 33609

Name

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

700016231917

04/18/03--01011--004 **526.25

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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.

11. MAKE CHECK PAYABLE TO FL. 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

STREET ADDRESS
3242 HENDERSON BLVD., STE 301
CITY-ST-ZIP
TAMPA FL 33609

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/03

813-875-1040

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE