

2002 UNIFORM BUSINESS REPORT (UBR)

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LF

FILED

02 APR 23 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A00000001795

1. Entity Name
M.G. HARDEE FAMILY LIMITED PARTNERSHIP, LLLP

Principal Place of Business 120 NORTH 20TH STREET TAMPA FL 33605	Mailing Address 120 NORTH 20TH STREET TAMPA FL 33605
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2002

4. FEI Number **59-3684310** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**HARDEE, JAMES B JR.
120 NORTH 20TH STREET
TAMPA FL 33605**

7. Name and Address of New Registered Agent

Name _____

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

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.

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

9. Capital Contributions as Shown on record. **\$5,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **3,480,075.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	HARDEE, MARY G 120 NORTH 20TH STREET TAMPA FL 33605
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HARDEE, JAMES B JR. 120 NORTH 20TH STREET TAMPA FL 33605
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CAMPBELL, BARBARA H 120 NORTH 20TH STREET TAMPA FL 33605
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	
CITY-ST-ZIP	500005361885--1 -04/29/02--01016--024 ***526.25 ***526.25
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/16/02** Daytime Phone # **(813) 248-4905**

CRE003 (9/01)