

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013197 AT

**DOCUMENT # A00000001795**

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 20 AM 9:41

2/3/25

Principal Place of Business  
**120 NORTH 20TH STREET  
TAMPA FL 33605**

Mailing Address  
**120 NORTH 20TH STREET  
TAMPA FL 33605**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3684310**

Applied For  Not Applicable

Zip Country Zip Country

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

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.

**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	
DOCUMENT #	
NAME	<b>HARDEE, MARY G</b>
STREET ADDRESS	<b>120 NORTH 20TH STREET</b>
CITY-ST-ZIP	<b>TAMPA FL 33605</b>
DOCUMENT #	
NAME	<b>HARDEE, JAMES B JR.</b>
STREET ADDRESS	<b>120 NORTH 20TH STREET</b>
CITY-ST-ZIP	<b>TAMPA FL 33605</b>
DOCUMENT #	
NAME	<b>CAMPBELL, BARBARA H</b>
STREET ADDRESS	<b>120 NORTH 20TH STREET</b>
CITY-ST-ZIP	<b>TAMPA FL 33605</b>
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	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000014387790 03/20/03--01011--019 **526.25
CITY-ST-ZIP	
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/5/03

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

C2E003 (10/02)