

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.

City & State
 City & State

DUE BY MAY 1, 2003

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

8/5/03

Date _____ Daytime Phone # _____

C2E003 (10/02)