

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # A94000001416

1. Entity Name

TASKER FAMILY LIMITED PARTNERSHIP

00 MAR 29 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1255 GULF SHORE BLVD. N.  
APT. 1 N.  
NAPLES FL 33940

Mailing Address  
1255 GULF SHORE BLVD. N.  
APT. 1 N.  
NAPLES FL 34102-4901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0536191

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

7. Name and Address of New Registered Agent

GORDON, BRUCE H  
C/O SHUMAKER, LOOP & KENDRICK  
101 EAST KENNEDY BLVD., SUITE 2500  
TAMPA FL 33602

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$9,900,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # P95000021948  
NAME TASKER FAMILY CORPORATION  
STREET ADDRESS P.O. BOX 1688 N/A  
CITY-ST-ZIP TOLEDO OH 43603

STREET ADDRESS

CITY-ST-ZIP

000003284600 7  
-04/11/00--01133--016  
\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #  
NAME ELWELL, SARA T  
STREET ADDRESS 1135 ASBURY AVENUE  
CITY-ST-ZIP EVANSTON IL 60202

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME TASKER, JEREMIAH B  
STREET ADDRESS 3157 CRAYTON ROAD  
CITY-ST-ZIP NAPLES FL 33940

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Jeremiah B. Tasker, G.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
JEREMIAH B. TASKER

3-20-2000

Date

941-649-0239

Daytime Phone #

CP2E003 (9/99)