

2001 UNIFORM BUSINESS REPORT (UBR)

0010616 AF

DOCUMENT # A94000001416

1. Entity Name

TASKER FAMILY LIMITED PARTNERSHIP

FILED

01 FEB - 6 PM 12: 28

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 33940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3157 Crayton Road

3. Mailing Address

3157 Crayton Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number

65-0536191

Applied For

Not Applicable

Zip
34103

Country
USA

Zip
34103

Country
USA

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

300003657103--9

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

STREET ADDRESS

CITY-ST-ZIP

-02/08/01--01019--005
*****526.25 *****526.25

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

STREET ADDRESS

CITY-ST-ZIP

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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

Daytime Phone #

JEREMIAH B. TASKER TAX MATTERS P. INC. 01/31/01 649.0239
JEREMIAH B TASKER

CR2E003 (11/00)