2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #	A94	$r \mathbf{U} \mathbf{U}$	\mathbf{v}	•		_

TASKER FAMILY LIMITED PARTNERSHIP



Principal Place of Business 3157 CRAYTON ROAD NAPLES FL 34103

2. Principal Place of Business

Mailing Address 3157 CRAYTON ROAD NAPLES FL 34103

3. Mailing Address

FILED

03 FEB -4, AM 9: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA



L	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003					
ŀ										
City & State		City & State		1 4. FERNORIDE NATIONAL MARKET			Applied For Not Applicable			
								75 Additional		
	Zip Country		Zip Cour		ıry	5. Certificate of Status Desired LJ Fi		Fee F	lequired	
ŀ	6. Name and Address of Current Ro		egistered Agent		7. Name and Address of New Registered Agent					
r	GORDON, BRUCE H C/O SHUMAKER, LOOP & KENDRICK				Name Street Address (P.O. Box Number is Not Acceptable) 101 East Kennedy Blvd., Suite 2800					
l										
1										
101 EAST KENNEDY BLVD., SUITE 2500										
	TAMPA FL 33602							ip Code 3602-5151		
-	O The shows	named entity submits this statement for	the ourpose of changing its	register	ed office or registe	ered agent, or both,	in the State of Florida	a. 1 am familia	ar with, and accept	
	the obligation	ons of registered agent.	and parpoor or or any	J					Ì	
1								DATE		
ľ	SIGNATURE -	Signature, typed or printed name of registered agent an					11 MAKE CHECK P		I. DEPT. OF STATE	
	9. Capital Cor	n record	tal Contri late.			11. MAKE CHECK PAYABLE TO FL. DEPT. OF S SEE REVERSE SIDE FOR FEE INFORMATIO				
ŀ	23 011011111	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.								
	NOTE: General Partners MAY NOT be changed on the r			ne torn	ı; an amendine	ADDRESS CHANGES ONLY				
ŀ	12. GENERAL PARTNER INFORMATION DOCUMENT / P95000021948				 					
1	DOCUMENT # NAME	TASKER FAMILY CORPORATION		STR	EET ADDRESS C	/o 3157 Cra	yton Road			
ļ	STREET ADDRESS	P.O. BOX 1688 N/A		CIT	Y-ST-ZIP					
1	CITY-ST-ZIP	TOLEDO OH 43603	<u> </u>			aples, FL 34103				
	DOCUMENT #			STF	REET ADDRESS		•			
	NAME STREET ADDRESS	ELWELL, SARA T 1135 ASBURY AVENUE		1		900011777339 02/04/0301024004 **526,25				
ļ	CITY-ST-ZIP	EVANSTON IL 60202		ÇIT	Y-ST-ZIP					
	DOCUMENT #		and the same of th	STI	REET ADDRESS		-			
ļ	NAME	TASKER, JEREMIAH B				<u>. </u>				
	STREET ADDRESS	3157 CRAYTON ROAD		CITY		aples, FL	34103			
	CITY-ST-ZIP									
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ᆔ	CITY-ST-ZIP			4					_ 	
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	DOCUMENT #			ST	REET ADDRESS					
STAPLE	NAME			1	_					
Ω <u>,</u>	STREET ADDRESS			cr	TY-ST-ZIP					
	CITY-ST-ZIP	1	·							

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 empewered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CR2E003 (10/02)