

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001221**

1. Entity Name

GASKELL FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 17 PM 1:25

Principal Place of Business

1000 VICARS LANDING WAY, PH-11
PONTE VEDRA BEACH FL 32082

Mailing Address

1000 VICARS LANDING WAY, PH-11
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3590007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YONG, FRANK J
1000 VICARS LANDING WAY, PH-11
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

Frank J Yong

Street Address (P.O. Box Number is Not Acceptable)

701 Fisk Street, Suite 110

City

Jacksonville

FL

Zip Code

32204

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 is applicable.

(NOTE: Registered Agent signature required when reinstating)

7/11/00

DATE

9. Capital Contributions
as shown on record.

\$12,000,000.00

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

DOCUMENT # **P99000065871**
NAME **KATHARINE H. GASKELL, INC.**
STREET ADDRESS **1000 VICARS LANDING WAY, PH-11**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
900003335009---2
-07725700-01050-012
*****926.25 ***926.25**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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:

KATHARINE H. GASKELL, INC.
president

7/11/00

904-285-5535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (5/00)