A95000000120

Real Pit Bar-B-Q, Ltd.
Requestor's Name

2107 SE 3rd Avenue
Address

Ocala FL 34471
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____ 000005031780--9
(Corporation Name) (Document #) -03/01/02--01030--004
*****52.50 *****52.50

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
02 FEB 28 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

Name Availability

Document Examiner

	OTHER FILINGS
	Annual Report DCC
	Fictitious Name DCC
	Name Reservation DCC

Updater

Verifyer

Acknowledgement DCC

W. P. Verifyer DCC

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

CR2E031(1/95)

A95000000120

Examiner's Initials	

4 pages

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 18, 2002

REAL PIT BAR-B-Q, LTD.
2107 SE 3RD AVENUE
OCALA, FL 34471

SUBJECT: REAL PIT BAR-B-Q, LTD.
Ref. Number: A95000000120

We have received your document for REAL PIT BAR-B-Q, LTD. and your check(s) totaling $105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete an application for each entity that you are amending. You must have the general partner that is remaining sign as well as the new general partner. You must also list the address of the new general partner and the registered agent in the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 002A00009982

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

Real Pit Bar B-Q Ltd A95000000120

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.109, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Dept. of State on 1/28/02, adopts the following certificate of amendment to its certificate of limited partnership.

FIRST: Amendment(s): (indicate article number(s) being amended, added, or deleted)

John (Jay) W. Kirkpatrick IV is deceased as of May 3, 2001. Please change current registered agent from his name to S. Kaye Kirkpatrick as well as general partner. Enclosed is a copy death certificate.

Address of new general partner / registered agent

S. Kaye Kirkpatrick
6895 SW 18 Terrace Rd.
Ocala, FL 34476

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND: This certificate of amendment shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signature(s)
Signature of current general partner:

Signature(s) of new general partner(s), if applicable:

TYPE OR PRINT IN PERMANENT BLACK INK

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO

1199

DECEDENT

1 DECEDENT'S NAME — FIRST: JOHN — MIDDLE: WATT — LAST: KIRKPATRICK, IV.

2 SEX: MALE

3 DATE OF DEATH (Month, Day, Year): MAY 3, 2001

4 SOCIAL SECURITY NUMBER: 590-14-9991

5a AGE-Last Birthday (years): 32

5b. UNDER 1 YEAR — Months / Days

5c UNDER 1 Day — Hours / Minutes

6 DATE OF BIRTH (Month, Day, Year): MAY 20, 1968

7 BIRTHPLACE (City and State or Foreign Country): GAINESVILLE, FLORIDA

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): NO

9a PLACE OF DEATH (Check only one: see instructions on other side): HOSPITAL _ Inpatient _ ER/Outpatient _ DOA; OTHER _ Nursing Home X Residence _ Other (Specify): PARENTS RESIDENCE

9b. INSIDE CITY LIMITS? (Yes or No): NO

9c FACILITY NAME (If not institution, give street and number): 5203 N.W. 49TH LANE

9d. CITY, TOWN, OR LOCATION OF DEATH: GAINESVILLE

9e COUNTY OF DEATH: ALACHUA

10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): OWNER

10b KIND OF BUSINESS/INDUSTRY: RESTAURANT

11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): MARRIED

12 SURVIVING SPOUSE (If wife, give maiden name): SANDRA KAYE WUBBENA

13a RESIDENCE — STATE: FLORIDA

13b COUNTY: MARION

13c CITY, TOWN, OR LOCATION: OCALA

13d STREET AND NUMBER: 6895 SW 18th TERRACE ROAD

13e INSIDE CITY LIMITS? (Yes or No): NO

13f ZIP CODE: 32676

14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) X No _ Yes Specify

15 RACE — American Indian, Black, White, etc. Specify: WHITE

16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+)

PARENTS

17 FATHER'S NAME (First, Middle, Last): JOHN WATT KIRKPATRICK, III.

18 MOTHER'S NAME (First, Middle, Maiden Surname): PEGGY BOYD

19a INFORMANT'S NAME (Type/Print): JOHN KIRKPATRICK. III

19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5203 NW 49th LANE GAINESVILLE, FLORIDA 32606

DISPOSITION

20a METHOD OF DISPOSITION: X Burial _ Cremation _ Removal from State _ Donation _ Other (Specify)

20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): EVERGREEN CEMETERY

20c. LOCATION — City or Town, State: GAINESVILLE, FLORIDA

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]

21b. LICENSE NUMBER (of Licensee): FE: 4330

21c NAME AND ADDRESS OF FACILITY: MILAM FUNERAL HOME 311 S. MAIN STREET GAINESVILLE, FLORIDA 32601

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title)

22b DATE SIGNED (Mo, Day, Yr)

22c HOUR OF DEATH M

22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by MEDICAL EXAMINER

23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) [signature]

23b. DATE SIGNED (Mo, Day, Yr): MAY 7, 2001

23c HOUR OF DEATH: 5:04 P M

23d. MEDICAL EXAMINER'S CASE #: 01-08-00141

24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): WILLIAM F. HAMILTON, M.D. / OFFICE OF THE MEDICAL EXAMINER 606 SW 3RD AVE. GAINESVILLE, FL. 32601

25a SUBREGISTRAR — SIGNATURE AND DATE: Cheryl D. Williams 5-10-01

25b LOCAL REGISTRAR — SIGNATURE: [signature] Deputy Registrar

25c. DATE REGISTERED: 5-10-01

26 PART I. ... that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart ... Approximate Interval

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: Shirley Allen, CDR

MAY 10 2001

State Registrar

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

8529508

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1946 (3/99)

VOID IF ALTERED OR ERASED

CERTIFICATION OF VITAL RECORD