

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000002035

1. Entity Name

ROBERT N. DAVIS FAMILY LIMITED PARTNERSHIP

Principal Place of Business

90 Dunlawton Ave  
Port Orange FL  
32127

Mailing Address

90 Dunlawton Ave  
Port Orange FL  
32127

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAY 21 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 6. Name and Address of Current Registered Agent

Davis, Robert N  
627 Herbert Street  
Port Orange, FL 32119

## 7. Name and Address of New Registered Agent

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

*Robert N Davis*

Robert N Davis

3/9/01

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.

2,286,000.00

10. Amount of Capital Contributions

in FLORIDA to date: 2,286,000.00

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 # A00000002035  
NAME David, Robert N  
STREET ADDRESS 627 Herbert Street  
CITY-ST-ZIP Port Orange FL 32129

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300004422063--7

-06/15/01--01040--016

\*\*\*\*\*38.75 \*\*\*\*\*88.75

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300004422063--7

-06/15/01--01040--017

\*\*\*\*\*526.25 \*\*\*\*\*526.25

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:

*Robert N Davis*

Robert N Davis

3/9/01

386-767-1343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)