A93000001042

Jane D. Heaton Ltd.
Requestor's Name

20720 Eagle Creek Ct
Address

Boca Raton, FL 33498
City/State/Zip Phone #

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR -8 AM 10:23

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

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

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

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

000002463500--5
-03/20/98--01070--003
*****52.50 *****52.50

Name Availability

	OTHER FILINGS	
	Annual Report	DCC
	Fictitious Name	DCC
	Name Reservation	
	Verifyer	DCC
	Acknowledgement	DCC
	Verifyer	DCC

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(1/95)

A93000001042

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 23, 1998

JANE D. HEATON LTD
20720 EAGLE CREEK CT
BOCA RATON, FL 33498

SUBJECT: JANE D. HEATON LTD.
Ref. Number: A93000001042

We have received your document for JANE D. HEATON LTD. and your check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must include the address of the new general partner 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) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 298A00015388

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

JANE D. HEATON LTD

Pursuant to the provisions of section 620.109, Flordia Statues, this Florida llimited partnership, whose certificate was filed with the Florida Department of State on October 6th 1993, adopts the following certificate of amendment to its certificate of limited partnership:

FIRST: Admendment: Article VI Section 6.6 relating to the dealth of Jane D. Heaton, General Partner:

6.6 TRANSFER OF GENERAL PARTNER INTEREST. Upon the death or legal incompetency of Jane D. Heaton, as General Partner, all capital, interests and duties of the General Partner shall automatically be assumed by Lawrence A. Heaton, spouse of Jane D. Heaton.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR -8 AM 11:23

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

THIRD: Signing of new general partner.

Lawrence A. Heaton
20720 EAGLE CREEK Court
BOCA RATON, FL 33498

Attachments: Check for $52.50
Copy of dealth certificate

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

TYPE OR PRINT IN PERMANENT BLACK INK

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. 6097-3977

DECEDENT

1. DECEDENT'S NAME — FIRST: HAZEL — MIDDLE: JANE — LAST: HEATON
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 11, 1997
4. SOCIAL SECURITY NUMBER: 132-18-9458
5a. AGE-Last Birthday (years): 71
5b. UNDER 1 YEAR — Months / Days
5c. UNDER 1 Day — Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 3, 1925
7. BIRTHPLACE (City and State or Foreign Country): POUGHKEEPSIE, NEW YORK
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: X Inpatient __ ER/Outpatient __ DOA — OTHER: __ Nursing Home __ Residence __ Other (Specify)
9b. INSIDE CITY LIMITS? (Yes or No): Yes
9c. FACILITY NAME (If not institution, give street and number): GOOD SAMARITAN HOSPITAL
9d. CITY, TOWN, OR LOCATION OF DEATH: WEST PALM BEACH
9e. COUNTY OF DEATH: PALM BEACH
10a. DECEDENT'S USUAL OCCUPATION: HOMEMAKER
10b. KIND OF BUSINESS/INDUSTRY: OWN HOME
11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
12. SURVIVING SPOUSE (If wife, give maiden name): LAWRENCE A HEATON
13a. RESIDENCE — STATE: Florida
13b. COUNTY: PALM BEACH
13c. CITY, TOWN, OR LOCATION: BOCA RATON
13d. STREET AND NUMBER: 20720 EAGLE CREEK COURT
13e. INSIDE CITY LIMITS? (Yes or No): No
13f. ZIP CODE: 33498
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): — College (1-4 or 5+): 4

PARENTS

17. FATHER'S NAME (First, Middle, Last): JOSEPH P DAVIS
18. MOTHER'S NAME (First, Middle, Maiden Surname): VIRGINIA DUNCAN

19a. INFORMANT'S NAME (Type/Print): LAWRENCE A HEATON
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 20720 EAGLE CREEK COURT BOCA RATON, FL 33498

DISPOSITION

20a. METHOD OF DISPOSITION: __ Burial __ Cremation X Removal from State __ Donation __ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): POUGHKEEPSIE RURAL CEMETER
20c. LOCATION — City or Town, State: POUGHKEEPSIE, NY
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. LICENSE NUMBER (of Licensee): 3812
21c. NAME AND ADDRESS OF FACILITY: ALL COUNTY FUNERAL HOME, 1107 LAKE AVE., LAKE WORTH, FL 33460

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.): 4-15-97
22c. HOUR OF DEATH: 7:35 AM
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)
23b. DATE SIGNED (Mo., Day, Yr.)
23c. HOUR OF DEATH
23d. MEDICAL EXAMINER'S CASE #

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): NEIL ROTHCHILD, M.D., 1117 N. OLIVE AVENUE #201 WEST PALM BEACH FL 33401
25a. SUBREGISTRAR — SIGNATURE AND DATE: 4/18/97
25b. LOCAL REGISTRAR — SIGNATURE: Donna Dietel
25c. DATE REGISTERED: APR 23 1997

CAUSE OF DEATH BY CERTIFIER

26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
a. 519 Br Breast Cancer.
DUE TO (OR AS A CONSEQUENCE OF)
b.
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I
27a. WAS AN AUTOPSY PERFORMED? (Yes or No): No
27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)
28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No): No
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? __YES X NO
30a. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED
30b. DATE OF SURGERY (Mo., Day, Year)
31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined.
32a. DATE OF INJURY (Month, Day, Year)
32b. TIME OF INJURY
32c. INJURY AT WORK? (Yes or No)
32d. DESCRIBE HOW INJURY OCCURRED
32e. PLACE OF INJURY — At home, farm, street, factory, etc. (Specify)
32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DH 512, 9/94 (Replaces HRS Form 512)

State of Florida, Department of Health, Vital Statistics

VOID IF ALTERED OR ERASED

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

BY Pearlie Brown APRIL 24, 1997 State Registrar

GREAT SEAL OF THE STATE OF FLORIDA — IN GOD WE TRUST

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. 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.

8647155

HRS — DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

HRS FORM 1564 (7-96)

CERTIFICATION OF VITAL RECORD