

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000020

1. Entity Name

SARAH M. DAVIS FAMILY LIMITED PARTNERSHIP

Principal Place of Business

130 E. CENTRAL AVENUE
LAKE WALES FL 33853

Mailing Address

P.O. BOX 460
AVON PARK FL 33826-0460

FILED

00 MAY -1 PM 4: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0714442

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS, CORNEAL B
130 E. CENTRAL AVENUE
LAKE WALES FL 33853

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

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.

\$1,751,329.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,751,329.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
DAVIS, SARAH M. TRUSTEE
1139 LAKE REEDY BLVD., SOUTH
FROSTPROOF FL 33853-3384

STREET ADDRESS
CITY - ST - ZIP
000003248990--8
-05/11/00--01100--023
*****526.25 *****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
611383
D. M. D. GROVES, INC.
1139 LAKE REEDY BLVD., SOUTH
FROSTPROOF FL 33853-3384

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
KENNETH A DAVIS - PTNR
ESTATE OF SARAH M. DAVIS
116 MAXCY LANE
FROSTPROOF, FL. 33843

STREET ADDRESS
CITY - ST - ZIP
DAVIS, KENNETH A PTNR
116 MAXCY LANE
FROSTPROOF, FL. 33843

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
KATHERINE DAVIS HERNDON PTNR
ESTATE OF SARAH M. DAVIS
2108 MORNINGSIDE ROAD
AVON PARK, FL. 33825

STREET ADDRESS
CITY - ST - ZIP
DAVIS HERNDON, KATHERINE PTNR
2108 MORNINGSIDE ROAD
AVON PARK, FL. 33825

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP
Amendment Filed
5-1-00

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP
OK

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:

Katherine Davis Herndon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-10-00

Date

863
452-5955

Daytime Phone #

012E003 (9/99)