

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014678 AT

DOCUMENT # A97000000020

1. Entity Name
KEN AND KAY FAMILY LIMITED PARTNERSHIP



FILED

03 APR 30 AM 10:33

Principal Place of Business
2108 MORNINGSIDE ROAD
AVON PARK FL 33825

Mailing Address
P.O. BOX 460
AVON PARK FL 33826

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

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

HERNDON, KAY DAVIS
2108 MORNINGSIDE ROAD
AVON PARK FL 33825

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$1,751,329.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME KENNETH, DAVIS A TRUSTEE
STREET ADDRESS 116 MAXCY LANE
CITY-ST-ZIP FROSTPROOF FL 33843

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME DAVIS HERNDON, KATHERINE TRUSTEE
STREET ADDRESS 2108 MORNINGSIDE ROAD
CITY-ST-ZIP AVON PARK FL 33825

STREET ADDRESS

CITY-ST-ZIP

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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: Kay DAVIS TRUSTEE KATHERINE DAVIS HERNDON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Apr. 26, 03 (863) 452 5151
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE