A97000000943

X

The JF Lane Family Ltd. Ptshp. I
Requestor's Name

3000 Villa Rosa Park
Address

Tampa, FL 33611
City/State/Zip Phone #

FILED
99 APR 21 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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

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

Mr Lane GAVE
FF $52.50
AUTHORIZATION BY PHONE TO
add & new ar
CORRECT
DATE 2/25
EOC EXAM Alt

☐ 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

A97-943

Amend
Mail
Alt
4/23

FF $52.50

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

CR2E031(1/95)

Examiner's Initials	Alt 4/23

12/30/98 CORPORATE DETAIL RECORD SCREEN 9:19 AM

NUM: A97000000943 ST:FL ACTIVE/FL LP FLD: 04/28/1997
ACT CONT: 1,000,000.00 FEI#: 59-3450995
NAME : THE JF LANE FAMILY LIMITED PARTNERSHIP I
PRINCIPAL: 3000 VILLA ROSA PARK CHANGED: 02/16/98
ADDRESS TAMPA, FL 33611
RA NAME : LANE, FRANCES L
RA ADDR : 3001 EUCLID AVENUE
TAMPA, FL 33629 US
ANN REP : (1998) I 02/16/98

1. MENU, 3. PARTNERS

ENTER SELECTION AND CR:

500002726785--0
-12/30/98--01075--015
****578.75 *****52.50

00789- 00453 - 00071

FF $52.50

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TALLAHASSEE, FLORIDA

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

THE JF LANE FAMILY LIMITED PARTNERSHIP I

Pursuant to the provisions of section 620.109, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida department of State on April 28, 1997, adopts the following certificate of amendment to its certificate of limited partnership:

Article 9.6 of Agreement of Limited Partnership of The JF Lane Family Limited Partnership I, A Florida Limited Partnership, reads as follows: "Death of Initial General Partner. Upon the death or incapacity of Frances L. Lane, the deceased General Partner's General Partnership interest shall automatically vest in Lane Groves, Inc., a Florida Corporation."

The Initial General Partner, Frances L. Lane, died on February 13, 1998. (See attached copy of death certificate.) As such, her General Partnership interest has automatically vested in Lane Groves, Inc., a Florida Corporation, FEIN: 59-2056160.

Signature of new general partner:

Julian B Lane

Julian B. Lane, Jr., President
Lane Groves, Inc., a Florida Corporation, FEIN: 59-2056160
Address: 3000 Villa Rosa Park, Tampa, FL 33611

F12904

OFFICE of VITAL STATISTICS

CERTIFIED COPY

39-98-001199 CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

DECEDENT

1. DECEDENT'S NAME — FIRST: Frances | MIDDLE: L. | LAST: Lane
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 13, 1998
4. SOCIAL SECURITY NUMBER: 267-18-9331
5a. AGE-Last Birthday (years): 80
5b. UNDER 1 YEAR — Months / Days
5c. UNDER 1 Day — Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 23, 1917
7. BIRTHPLACE (City and State or Foreign Country): Tampa, 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): OTHER: XX Residence
9b. INSIDE CITY LIMITS? (Yes or No): Yes
9c. FACILITY NAME (If not institution, give street and number): 3001 Euclid Avenue
9d. CITY, TOWN, OR LOCATION OF DEATH: Tampa
9e. COUNTY OF DEATH: Hillsborough
10a. DECEDENT'S USUAL OCCUPATION: Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SURVIVING SPOUSE (If wife, give maiden name):
13a. RESIDENCE — STATE: Florida
13b. COUNTY: Hillsborough
13c. CITY, TOWN, OR LOCATION: Tampa
13d. STREET AND NUMBER: 3001 Euclid Avenue
13e. INSIDE CITY LIMITS? (Yes or No): Yes
13f. ZIP CODE: 33629
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) XX 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): William LaMotte
18. MOTHER'S NAME (First, Middle, Maiden Surname): Almeda Givens

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Julian B. Lane, Jr.
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3000 Villa Rosa Park, Tampa, Florida 33611

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): Myrtle Hill Memorial Park
20c. LOCATION — City or Town, State: Tampa, Florida

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (of Licensee): 3197
21c. NAME AND ADDRESS OF FACILITY: Blount, Curry & Roel Funeral Homes, 605 S. MacDill Avenue, Tampa, FL 33609

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): Karon LoCicero MD
22b. DATE SIGNED (Mo., Day, Yr.): 2/16/98
22c. HOUR OF DEATH: 8:05PM 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):
23b. DATE SIGNED (Mo., Day, Yr.):
23c. HOUR OF DEATH: M
23d. MEDICAL EXAMINER'S CASE #

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): Karon R. LoCicero, M.D., 1502 South MacDill Avenue, Tampa, Florida 33629

25a. SUBREGISTRAR — SIGNATURE AND DATE: [signature] 2/18/98
25b. LOCAL REGISTRAR — SIGNATURE: Sharon Farmer
25c. DATE REGISTERED: FEB 18 1998

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. Cardiopulmonary arrest — DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Multiple CVAs — DUE TO (OR AS A CONSEQUENCE OF):
c. — DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: End-stage renal disease

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: natural
32a. DATE OF INJURY (Month, Day, Year)
32b. TIME OF INJURY M
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)

VOID IF ALTERED OR ERASED

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

[signature] CHIEF DEPUTY REGISTRAR — FEB 18 1998
BY — State Registrar

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.

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FLORIDA DEPARTMENT OF HEALTH

HRS FORM 1564A (9-96)

CERTIFICATION OF VITAL RECORD