

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012020 AF

DOCUMENT # **A97000001069**

1. Entity Name

**DAVIDSON FAMILY LIMITED PARTNERSHIP**

**FILED**

**01 APR 23 AM 10:38**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**313 WILLIAMS STREET, #10  
TALLAHASSEE FL 32303**

Mailing Address

**P.O. BOX 13372  
TALLAHASSEE FL 32317**

2. Principal Place of Business

**3418 Woodley Dr.**

3. Mailing Address

**3418 Woodley Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tallahassee, FL 32312**

City & State

**Tallahassee, FL 32312**

4. FEI Number

**59-3458098**

Applied For

Not Applicable

Zip  
**32312**

Country  
**Leon**

Zip  
**32312**

Country  
**Leon**

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

**DAVIDSON, M. JACK CPA  
313 WILLIAMS STREET, #10  
TALLAHASSEE FL 32303**

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.

**\$3,532,464.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$1,800,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	DAVIDSON, M. JACK
NAME	7808 MCCLURE DRIVE
STREET ADDRESS	TALLAHASSEE FL
CITY-ST-ZIP	
DOCUMENT #	DAVIDSON, GENE L
NAME	7808 MCCLURE DRIVE
STREET ADDRESS	3418 Woodley Dr.
CITY-ST-ZIP	TALLAHASSEE FL 32312
DOCUMENT #	DAVIDSON, STANLEY K
NAME	7808 MCCLURE DRIVE
STREET ADDRESS	212 S. Tryon, Ste 144
CITY-ST-ZIP	TALLAHASSEE FL Charlotte, NC 28281
DOCUMENT #	DAVIDSON, DALE S
NAME	7808 MCCLURE DRIVE
STREET ADDRESS	1510 Millpond Rd.
CITY-ST-ZIP	TALLAHASSEE FL Thomasville, GA 31792
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**-05/08/01--01131--003**  
**\*\*\*526.25 \*\*\*526.25**

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:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2-27-01**

Date

Daytime Phone #

CR2E003 (11/00)