

# A97000001319

Inverness Box-b-q Ltd.

Requestor's Name

Po Box 4727

Address

Ocala, FL 34478-4727

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 #) 500005031785--3  
03/01/02 01030 005  
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4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ 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

Name	Availability
Document	
Examiner	Annual Report DCC
Updater	Fictitious Name DCC
Later	Name Reservation DCC
Rever	
edgement	DCC
yer	DCC

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED  
02 FEB 28 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

Thverness Bar-B-Q, Ltd. # A97000001319

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.109, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Dept. of State on 1/28/02, adopts the following certificate of amendment to its certificate of limited partnership.

**FIRST:** Amendment(s): (indicate article number(s) being amended, added, or deleted)

John (Jay) W. Kirkpatrick IV is deceased as of May 3, 2001. Please change current registered agent from his name to S. Kaye Kirkpatrick as well as general partner. Enclosed is a copy of death certificate.

Address of new general partner/ registered agent:

S. Kaye Kirkpatrick  
6895 SW 18 Terrace Rd.  
Ocala, FL 34476

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

**THIRD:** Signature(s)

Signature of current general partner:



Signature(s) of new general partner(s), if applicable:



SECRETARY OF STATE  
FLORIDA

02 FEB 28 AM 11:13

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## OFFICE OF VITAL STATISTICS

CERTIFIED COPY  
CERTIFICATE OF DEATH  
FLORIDATYPE OR  
PRINT IN  
BLACK INK

LOCAL FILE NO.

1 DECEDENT'S NAME FIRST JOHN MIDDLE WATT LAST KIRKPATRICK, IV.		2 SEX MALE	
3 DATE OF DEATH (Month, Day, Year) MAY 3, 2001		4 SOCIAL SECURITY NUMBER 590-14-9991	
5 DATE OF BIRTH (Month, Day, Year) MAY 20, 1968		6 AGE-Last Birthday (years) 32	
7 BIRTHPLACE (City and State or Foreign Country) GAINESVILLE, 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) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		9b INSIDE CITY LIMITS? (Yes or No) NO	
9c FACILITY NAME (If not institution, give street and number) 5203 N.W. 49TH LANE		9d CITY, TOWN, OR LOCATION OF DEATH GAINESVILLE	
9e COUNTY OF DEATH ALACHUA		10a DECEDENT'S USUAL OCCUPATION OWNER	
10b KIND OF BUSINESS/INDUSTRY RESTAURANT		11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) MARRIED	
12 SURVIVING SPOUSE (If wife, give maiden name) SANDRA KAYE WUBBENA		13a RESIDENCE - STATE FLORIDA	
13b COUNTY MARION		13c CITY, TOWN, OR LOCATION OCALA	
13d STREET AND NUMBER 6895 SW 18th TERRACE ROAD		13e INSIDE CITY LIMITS? (Yes or No) NO	
13f ZIP CODE 32676		14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) No	
15 RACE - American Indian, Black, White, etc. Specify WHITE		16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary 10 12 12 College 11 4 or 5	
17 FATHER'S NAME (First, Middle, Last) JOHN WATT KIRKPATRICK, III.		18 MOTHER'S NAME (First, Middle, Maiden Surname) PEGGY BOYD	
19a INFORMANT'S NAME (Type/Print) JOHN KIRKPATRICK, III.		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5203 NW 49th LANE GAINESVILLE, FLORIDA 32606	
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) EVERGREEN CEMETERY	
20c LOCATION - City or Town, State GAINESVILLE, FLORIDA		21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
21b LICENSE NUMBER (of Licensee) FE: 4330		21c NAME AND ADDRESS OF FACILITY MILAM FUNERAL HOME 311 S. MAIN STREET GAINESVILLE, FLORIDA 32601	
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) <i>[Signature]</i>		22b DATE SIGNED (Mo., Day, Yr.) MAY 7, 2001	
22c HOUR OF DEATH 5:04 P		22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) WILLIAM F. HAMILTON, M.D.	
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) <i>[Signature]</i>		23b DATE SIGNED (Mo., Day, Yr.) MAY 7, 2001	
23c HOUR OF DEATH 5:04 P		23d MEDICAL EXAMINER'S CASE # 01-08-00141	
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) WILLIAM F. HAMILTON, M.D. 606 SW 3RD AVE. GAINESVILLE, FL. 32601		25a SUBREGISTRAR - SIGNATURE AND DATE <i>Cheryl D. Williams</i> 5-10-01	
25b LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>		25c DATE REGISTERED 5-10-01	

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

BY: *Shirley Allen, COE*MAY 10 2001  
State Registrar

WARNING:

8529508

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. 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.

DOH FORM 1564A (5/99)

FLORIDA DEPARTMENT OF  
HEALTH

CERTIFICATION OF VITAL RECORD