

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002279

1. Entity Name

The Harry J. Davis Family Partnership, LTD.

FILED

Principal Place of Business

Mailing Address

01 JUL 19 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1620 Mayflower Court

Suite, Apt. #, etc.

Apt. A-312

City & State

Winter Park, FL

Zip

32792-2500

Country

USA

3. Mailing Address

400 Park Ave. South, Ste 200

Suite, Apt. #, etc.

c/o Malinda Tedrow

City & State

Winter Park, FL

Zip

32789

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3476411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Davis, Harry J.
1620 Mayflower Court
Apt. A-312
Winter Park, FL 32792-2500

7. Name and Address of New Registered Agent

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. \$892,416.00

10. Amount of Capital Contributions

in FLORIDA to date. \$892,416.00

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

DOCUMENT #
NAME Davis, Harry J.
STREET ADDRESS 1620 Mayflower Court, Apt A-312
CITY-ST-ZIP Winter Park, FL 32792-2500

DOCUMENT #
NAME Davis, Robert M.
STREET ADDRESS 3417 Oakwater Pointe
CITY-ST-ZIP Orlando, FL 32812

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Robert M. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7/16/01 407-237-4456

CR2E003 (11/00)