

A97000002279

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mark Hall GAVE
AUTHORIZATION BY PHONE TO
CORRECT *Caad & Statement*
DATE *10/21/09*
DOC. EXAM *inst*

Office Use Only



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10/20/04 --01089--002 **52.50

SEC
FALL 2004

04 OCT 20 PM 3:29

PM 3:29

10/21

SunTrust Bank
Mail Code FL-ORL-2071
P.O. Box 4978
Orlando, FL 32802
Tel 407.237.5197
Fax 407.237.5765

Mark A. Hall
Vice President



October 18, 2004

VIA CERTIFIED MAIL

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Subject: Harry J. Davis Family Partnership, Ltd.

Dear Sir or Madam:

I am in receipt of your letter dated September 29, 2004 requiring additional information in order to properly file the 2004 Limited Partnership Annual Report for The Harry J. Davis Family Partnership, Ltd. Therefore, enclosed please find the following:

1. Transmittal Letter
2. Certificate of Amendment of Certificate of Limited Partnership of The Harry J. Davis Family Partnership, Ltd. reflecting the new General Partner.
3. SunTrust Bank check number 2117493045 dated 10/15/04 made payable to the Florida Department of State in the amount of \$52.50 representing filing fee for the Amendment.
4. SunTrust Bank check number 2110802679 dated 9/8/04 made payable to the Florida Department of State in the amount of \$526.25 representing the filing fee for the Annual Report.

Please note that Harry J. Davis died on January 31, 2004 as evidenced by the enclosed death certificate and therefore, the original Annual Report notice was not received. SunTrust Bank is acting as Agent for the Trustees of the Harry J. Davis Trust and also is the investment manager for the underlying assets of the Partnership. It would be appreciated if the late fee of \$400 can be waived due to the extenuating circumstances involving the death of the Principal of the Partnership.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark A. Hall". The signature is stylized with a large, sweeping "M" and "H".

Mark A. Hall
Vice President

Enclosure

RECEIVED
04 OCT 20 PM 3:29
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE HARRY J. DAVIS FAMILY PARTNERSHIP, LTD.
(Name of Limited Partnership)

DOCUMENT NUMBER: A 97 00000 2279

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT M. DAVIS
(Name of Person)

(Firm/Company)

3417 OAKWATER POINTE DRIVE
(Address)

ORLANDO FL 32812
(City/State and Zip Code)

TALLAHASSEE, FLORIDA

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FILED

For further information concerning this matter, please call:

MARK A. HALL at (407) 237 5197
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee &
Certificate of Status

☐ \$105.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$113.75 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

THE HARRY J. DAVIS FAMILY PARTNERSHIP, LTD
(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 10/22/97, adopts the following certificate of amendment to its certificate of limited partnership.

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

Please delete Harry J. Davis as a General Partner of The Harry J. Davis Family Partnership, LTD.

04 OCT 20 PM 3:29
FBI
LEAHASSET, LTD

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:

HARRY J. DAVIS, DECEASED
(SEE ENCLOSED DEATH CERTIFICATE)

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

[Signature]

STATE OF FLORIDA

OFFICE of VITAL STATISTICS
CERTIFIED COPYCERTIFICATE OF DEATH
FLORIDA

1. DECEASED'S NAME (First, Middle, Last)		2. SEX	
Harry Jones Davis, Jr.		Male	
3. DATE OF DEATH (Month, Day, Year)	4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (years)	5b. UNDER 1 YEAR
January 31, 2004	242-16-1216	86	Months Days Hours Minutes
6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)	8. WAS DECEDENT EVER IN U.S. ARMY OR NAVY (Yes/No)	
February 23, 1917	Athens, Georgia	Yes	
9a. PLACE OF DEATH (Check only one; see instructions on other side)			
HOSPITAL (Inpatient) <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/>			
9c. FACILITY NAME (If not institution, give street and number)		9d. CITY, TOWN, OR LOCATION OF DEATH	
1620 Mayflower Court #A312		Winter Park	
9e. COUNTY OF DEATH		10. DECEASED'S USUAL OCCUPATION	
Orange		United States Army	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		12. SURVIVING SPOUSE (If wife, give maiden name)	
Widowed			
13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Florida	Orange	Winter Park	1620 Mayflower Court #A312
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Cuban, Mexican Puerto Rican, etc.)	15. RACE - American Indian, Black, White, etc. Specify	16. DECEASED'S EDUCATION (Specify only highest grade completed)	
No	White	Elementary/Secondary College (14 or 5+)	
17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Maiden Surname)	
Harry Jones Davis, Sr.		Jannie Stewart	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City, Town, State, Zip Code)	
Robert M. Davis		3417 Oakwater Pointe Drive, Orlando, Florida 32812	
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	
Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		Baldwin-Fairchild Crematory	
21a. SIGNATURE OF PERSONAL SERVICE LICENSEE OR PERSON ACCOUNT FOR SUCH		21b. LICENSE NUMBER (of Licensee)	21c. NAME AND ADDRESS OF FACILITY
[Signature]		4221	Baldwin-Fairchild Funeral Home, 32803 301 NE Ivanhoe Blvd., Orlando, FL
22a. I, the undersigned, know and declare that the death occurred at the time, date and place and due to the cause as stated. (Signature and Title)		22b. DATE SIGNED (Mo., Day, Yr)	22c. HOUR OF DEATH
[Signature]		AM. HOURS	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. On the basis of examination and/or investigation, I certify that the death occurred at the time, date and place and due to the cause as stated. (Signature and Title)	23b. DATE SIGNED (Mo., Day, Yr)
		[Signature]	
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)		25a. SUBREGISTRAR - SIGNATURE AND DATE	25b. LOCAL REGISTRAR - SIGNATURE
DAVID S. MUCKER, M.D., 1701 N. WILSON AVE, ORLANDO, FL 32803		[Signature]	[Signature]
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.		27. DATE REGISTERED	28. LOCAL REGISTRAR - SIGNATURE
		FEB 05 2004	[Signature]

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

State Registrar

FEB 05 2004



WARNING:
15136350

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.

FLORIDA DEPARTMENT OF
HEALTH

DOH FORM 1284 (01-99)

CERTIFICATION OF VITAL RECORD

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED