

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State
 03-23-2000 90042 011 ***150.00

DOCUMENT # 301182

1. Entity Name

JOHNSON FARMS, INC.

Principal Place of Business

**505 S FLAGLER DR
 SUITE 1010
 W PALM BCH FL 33401
 US**

Mailing Address

**PO BOX 85
 W PALM BCH FL 33402-0085
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1214647**

Applied For
 Not Applicable

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

**JOHNSON, RICHARD S
 505 S. FLAGLER DRIVE
 SUITE 1010
 WEST PALM BEACH FL 33401**

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **JOHNSON, RICHARD S**
 STREET ADDRESS **751 ISLAND DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Austin, Helene J.**
 STREET ADDRESS **100 Plymouth Rd**
 CITY-ST-ZIP **West Palm Beach FL** ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **JOHNSON, SCOTT A**
 STREET ADDRESS **505 S FLAGLER DRIVE, #1010**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ Change ☐ Addition
 NAME **JOHNSON, RICHARD S JR**
 STREET ADDRESS **2614 GEORGIA LANE**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE **D** ☐ Delete
 NAME **JOHNSON, RICHARD S JR**
 STREET ADDRESS **2614 GEORGIA LANE**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE **DS** ☐ Change ☐ Addition
 NAME **JOHNSON, PATSY S**
 STREET ADDRESS **751 ISLAND DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ Delete
 NAME **SNED, PATRICIA J**
 STREET ADDRESS **165 ELWA PLACE**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ Change ☐ Addition
 NAME **FLAGG, CATHARINE J**
 STREET ADDRESS **219 MURRAY ROAD**
 CITY-ST-ZIP **W PALM BEACH FL**

TITLE **D** ☐ Delete
 NAME **FLAGG, CATHARINE J**
 STREET ADDRESS **219 MURRAY ROAD**
 CITY-ST-ZIP **W PALM BEACH FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **249 La Puerta Way**
 STREET ADDRESS **Palm Beach FL 33480**

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other officers empowered.

SIGNATURE:

SIGNATURE REQUIRED **Richard S. Johnson** 3/21/00 561 655-7200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR02EN24 (0/000)