

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90034 041 ***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
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

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 re-stating)

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, 2001 Fee will be \$650.00
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	☐ Delete
NAME	JOHNSON, SCOTT A	
STREET ADDRESS	505 S FLAGLER DRIVE, #1010	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	☐ Delete
NAME	JOHNSON, RICHARD S JR	
STREET ADDRESS	2614 GEORGIA LANE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DS	☐ Delete
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	☐ Delete
NAME	FLAGG, CATHARINE J	
STREET ADDRESS	249 LA PUERTO WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	D	☐ Change ☒ Addition
NAME	Austin, Helene J.	
STREET ADDRESS	100 Plymouth Rd	
CITY-ST-ZIP	West Palm Beach FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	1706 N. Lakeside Drive	
CITY-ST-ZIP	Lake Worth FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reporting 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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)