2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000846

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name

JOHNSON SISTERS GROUP, LTD.

Principal Place of Business	Mailing Address
401 E. JACKSON STREET, SUITE 2650 TAMPA FL 33602	401 E. JACKSON STREET, SUITE 2650 TAMPA FL 33602-5226

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 59-3505914 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARDNER, MERRITT A
401 E JACKSON ST., STE 2650
TAMPA FL 33602

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.	$3,735,010.00	10. Amount of Capital Contributions in FLORIDA to date.		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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000030934	STREET ADDRESS	
NAME	JOHNSON SISTERS GROUP, INC.		
STREET ADDRESS	401 E. JACKSON ST., STE 2650	CITY - ST - ZIP	
CITY - ST - ZIP	TAMPA FL 33602		
DOCUMENT #		STREET ADDRESS	100003149721--6 -02/28/00--01117--004
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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

JOHNSON SISTERS GROUP, INC.

SIGNATURE: By: Scott L. Whittaker, President — February 3, 2000 — (352) 378-5511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/99)