

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F73243

1. Entity Name
TRACY JOHNSTON AND ASSOCIATES, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90077 031 ***558.75

Principal Place of Business
1239 ARIANA ST
LAKELAND FL 33803
US

Mailing Address
P. O. BOX 291639
TEMPLE TERRACE FL 33687-1639
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2167687		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JOHNSTON, TRACY 10904 VICTORIA ARBOR WAY TEMPLE TERRACE FL 33617				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 _____ (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 \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, TRACY W		NAME		
STREET ADDRESS	10904 VICTORIA ARBOR WAY		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		CITY-ST-ZIP		
TITLE	VS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, JOYCE W.		NAME		
STREET ADDRESS	10904 VICTORIA ARBOR WAY		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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 like empowered.

SIGNATURE: Tracy W. Johnston **RECEIVED** TRACY W. JOHNSTON 7-10-00 863-686-2237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)