

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90046 050 \*\*\*150.00

**DOCUMENT # 300298**

1. Entity Name

**JOHNS EASTERN COMPANY, INC.**

Principal Place of Business

Mailing Address

330 S PINEAPPLE AVE  
SARASOTA FL 34230

330 S PINEAPPLE AVE  
P.O. BOX 4175  
SARASOTA FL 34230-4175

2. Principal Place of Business

**6015 Resource Lane**

3. Mailing Address

**6015 Resource Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Bradenton, FL**

City & State

**Bradenton, FL**

Zip

Country

**34202 Manatee**

Zip

Country

**34202 Manatee**

4. FEI Number

**59-1115663**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JOHNS, K M III**  
**330 S PINEAPPLE AVE**  
**SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **Kenneth M. Johns, III**

Street Address (P.O. Box Number is Not Acceptable)

**6015 Resource Lane**

City **Bradenton**

**FL**

Zip Code

**34202**

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 **Kenneth M. Johns, III**

Signature, typed or printed name of registered agent and title if applicable.

**Kenneth M. Johns, III**

(NOTE: Registered Agent signature required when reinstating).

DATE

**1/6/2000**

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	JOHNS, D.L.	
STREET ADDRESS	330 S PINAPPLE AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SENSINGER, N.A.	
STREET ADDRESS	8600 LASALLE RD	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	JOHNS, III K.M.	
STREET ADDRESS	330 S PINEAPPLE AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	LADD, ALLEN L.	
STREET ADDRESS	330 S PINEAPPLE AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHIELDS, PHILIP L.P.	
STREET ADDRESS	1111 WESTSHORE BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6015 Resource Lane	
CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Mero	
STREET ADDRESS	6015 Resource Lane	
CITY-ST-ZIP	Bradenton, FL 34202	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6015 Resource Lane	
CITY-ST-ZIP	Bradenton, FL 34202	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6015 Resource Lane	
CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy Cunnen	
STREET ADDRESS	6015 Resource Lane	
CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Lederer	
STREET ADDRESS	8600 LaSalle Rd	
CITY-ST-ZIP	Baltimore, MD 21286	

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: **Kenneth M. Johns, III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kenneth M. Johns, III**

Date

Daytime Phone #

**1/6/2000 907-3100**

CR2E034 (9/99)