

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 446999

1. Entity Name

J.W. JOHNSON TOMATO CO., INC.

Principal Place of Business

Mailing Address

1255 W ATLANTIC BLVD
A15
POMPANO BEACH FL 33061
US

PO BOX 1123
POMPANO BEACH FL 33061-1123
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

59-1506300

Applied For

Not Applied For

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, CLAIRE B
1401 SW 15TH ST
BOCA RATON FL 33486

Name

JOHNSON, Claire B.

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

1700 COCONUT ROAD

City

BOCA RATON

FL

Zip Code

33432-2000

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

Claire B. Johnson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME JOHNSON, JOHN W
STREET ADDRESS 1401 SW 15TH ST
CITY-ST-ZIP BOCA RATON FL 33486

TITLE DP ☒ Change ☐ Delete
NAME JOHNSON, John W.
STREET ADDRESS 1700 COCONUT ROAD
CITY-ST-ZIP BOCA RATON, FL 33432-8098

TITLE DVP ☐ Delete
NAME JOHNSON (CLAIRE B)
STREET ADDRESS 1401 SW 15TH ST
CITY-ST-ZIP BOCA RATON FL 33486

TITLE DVP ☒ Change ☐ Delete
NAME JOHNSON, Claire B
STREET ADDRESS 1700 COCONUT ROAD
CITY-ST-ZIP BOCA RATON, FL 33432-8098

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
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 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:

Claire B. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/2000

954-946-6588

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90014 027 ***150.00

00000142



DO NOT WRITE IN THIS SPACE