

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000908

1. Entity Name
J. FRED JOHNSON FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 AM 10:49

inf 3127100



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% NEW HOPE ENTERPRISES, INC.
ROUTE 3, BOX 1102
STARKE FL 32901

Mailing Address
% NEW HOPE ENTERPRISES, INC.
ROUTE 3, BOX 1102
STARKE FL 32091-9339

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3382214** 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

DALY, KEVIN
ONE SE 1ST AVE.
GAINESVILLE FL 32601

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. Capital Contributions as Shown on record. **\$250,000.00** 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 # **P95000063001**
NAME **NEW HOPE ENTERPRISES, INC.**
STREET ADDRESS **ROUTE 3, BOX 1102**
CITY - ST - ZIP **STARKE FL 32901**

STREET ADDRESS
CITY - ST - ZIP **800003191758--8**
-03/21/00--01062--1109
******526.25 ****526.25**

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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

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
J. FRED JOHNSON

PRE, NEW HOPE ENT- GEN PARTNER
MAR 18, 00 **352(473.4516)**
Date Daytime Phone #

CR2E003 (9/99)