

2001 UNIFORM BUSINESS REPORT (UBR)

0012308 AF

DOCUMENT # **A96000000908**

1. Entity Name

J. FRED JOHNSON FAMILY LIMITED PARTNERSHIP

FILED
01 JAN 29 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 32901



DO NOT WRITE IN THIS SPACE

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

59-3382214

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

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.

\$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

6852 CRYSTAL LAKE RD,

CITY-ST-ZIP

KEYSTONE HTS, FL 32656

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

6888803630996-5

CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PRES. NEW HOPE ENT.
GEN. PARTNER.

Date

Daytime Phone #

(352) 473-8864

CR2E003 (11/00)