

2002 UNIFORM BUSINESS REPORT (UBR)

0001663 AB

DOCUMENT # A96000000908

1. Entity Name

J. FRED JOHNSON FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 29 AM 10:34

Principal Place of Business

Mailing Address

% NEW HOPE ENTERPRISES, INC.

% NEW HOPE ENTERPRISES, INC.

ROUTE 3, BOX 1102

ROUTE 3, BOX 1102

STARKE FL 32901

STARKE FL 32901



2. Principal Place of Business

3. Mailing Address

6852 CRYSTAL LAKE RD

6852 CRYSTAL LAKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

KEYSTONE HTS, FL

KEYSTONE HTS, FL

City & State

City & State

KEYSTONE HTS, FL

KEYSTONE HTS, FL

Zip

Country

32656

FLA

Zip

Country

32656

FLA

DUE BY SEPTEMBER 25, 2002

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record.

\$250,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$176,381

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 6852 CRYSTAL LAKE ROAD
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS

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

7-25-02 (352)473-8864

Date

Daytime Phone #

CR2E003 (4/02)