

2002 UNIFORM BUSINESS REPORT (UBR)

8899000

DOCUMENT # A97000001565

1. Entity Name

JOHNS FAMILY LIMITED PARTNERSHIP, LTD.

FILED
May 08, 2002 8:00
Secretary of State

Principal Place of Business

36 MIRUELA AVENUE

ST. AUGUSTINE FL 32084

32080-3817

Mailing Address

36 MIRUELA AVENUE

ST. AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32080-3817

4. FEI Number

59-3472337

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

JOHNS, CHARLOTTE B
36 MIRUELA AVENUE
ST. AUGUSTINE FL 32084

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.

DATE

9. Capital Contributions
as Shown on record.

\$800,000.00

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 # P97000054204
NAME NORTHGATE OF ST. AUGUSTINE, INC.
STREET ADDRESS 36 MIRUELA AVENUE
CITY-ST-ZIP ST. AUGUSTINE FL 32084

STREET ADDRESS

36 Miruela Ave

CITY-ST-ZIP

St. Augustine FL 32080-3817

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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:

Charlotte B. Johns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

May 4, 2002
Date

904-824-8194
Daytime Phone #

CR2E003 (9/01)