

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001658

1. Entity Name

JOHNSON FAMILY PARTNERSHIP OF SARASOTA, LTD.

APPROVED
AND
FILED

00 APR -3 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M 4/17

Principal Place of Business
1501 NORTH DRIVE
SARASOTA FL 34239

Mailing Address
P.O. BOX 25725
SARASOTA FL 34277-2725



DO NOT WRITE IN THIS SPACE

65-0848499

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DARNELL, ROBERT W
2033 MAIN STREET, SUITE 406
SARASOTA FL 34237

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.

\$1,131,498.00

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 #	NAME	STREET ADDRESS	CITY - ST - ZIP
	JOHNSON, CHARLES A	1501 NORTH DRIVE	SARASOTA FL 34239

STREET ADDRESS	CITY - ST - ZIP
700003214097--5	-04/19/00--01019--024
	****526.25 ****526.25

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: *Charles A. Johnson*
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

30 March 2000 *941361321*
Date Daytime Phone #