

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015981 AT

DOCUMENT # A98000001658

1. Entity Name
JOHNSON FAMILY PARTNERSHIP OF SARASOTA, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 13 AM 9:34

Principal Place of Business
1501 NORTH DRIVE
SARASOTA FL 34239

Mailing Address
P.O. BOX 25725
SARASOTA FL 34277



2. Principal Place of Business
1501 NORTH DR.

3. Mailing Address
P.O. BOX 25725

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number 65-0848499

Applied For
Not Applicable

Zip 34239 Country USA

Zip 34277 Country USA

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

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

Name CHARLES A JOHNSON, MD
Street Address (P.O. Box Number is Not Acceptable)
1501 NORTH DRIVE
City SARASOTA FL 34239

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

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

STREET ADDRESS

CITY-ST-ZIP

600015282506

04/03/03-01029-014 #4526.25

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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

Date

Daytime Phone #

CR2E003 (10/02)

STATE CHECK HERE