

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H53882

1. Entity Name

JOHNSON ENTERPRISES OF BRADENTON, INC.

Principal Place of Business

Mailing Address

3201 FIRST STREET, EAST  
BRADENTON FL 34208

3201 FIRST STREET, EAST  
BRADENTON FL 34208-4054

2. Principal Place of Business

6744 2nd Ave Circle West

3. Mailing Address

6744 2nd Ave. Circle West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, Florida

City & State

Bradenton, Florida

4. FEI Number

59-2544528

Applied For

Not Applicable

Zip  
34209

Country

America

Zip  
34209

Country

America

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LISCH, ERNIE C.  
2027A MANATEE AVE. W.  
1732 MANATEE AVENUE, W  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

Robert W. Darnell

Street Address (P.O. Box Number is Not Acceptable)

2933 Main St. Suite 400

City

Sarasota

FL

Zip Code  
34237

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 Robert W. Darnell, ESQ.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME JOHNSON, GLENN E.  
STREET ADDRESS 6744 SECOND AVE CIR WEST  
CITY-ST-ZIP BRADENTON FL

TITLE V ☐ Delete  
NAME JOHNSON, STEPHEN E.  
STREET ADDRESS 1413-6TH. ST. W.  
CITY-ST-ZIP PALMETTO FL

TITLE STD ☐ Delete  
NAME JOHNSON, DORIS C.  
STREET ADDRESS 6744 SECOND AVE CIR WEST  
CITY-ST-ZIP BRADENTON FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Doris C. Johnson, Sec.-Treas

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-00

941-794-0493

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90070 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE