

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H63993

1. Entity Name

JOHNSON, PARRISH & EDWARDS, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90128 040 ***150.00

Principal Place of Business

Mailing Address

C/O KENNETH J. PARRISH
4411 BEACON CIRCLE, STE 4
WPB FL 33407
US

C/O KENNETH J. PARRISH
4411 BEACON CIRCLE, STE 4
WPB FL 33407-3278
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2550770

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

BARRA, RICHARD K.
4400 PGA BLVD STE 800
PALM BEACH GARDENS FL 33410

Name J. Kenneth Parrish

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

9905 SE Mahogany Way

City Tequesta

FL 33469

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

2-1-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DVS
STREET ADDRESS JOHNSON, THOMAS J.
CITY-ST-ZIP 4411 BEACON CIRCLE STE 4
W. PALM BEACH FL 33407

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

TITLE ☐ Delete
NAME DPT
STREET ADDRESS PARRISH, J. KENNETH, JR.
CITY-ST-ZIP 4411 BEACON CIRCLE STE 4
W. PALM BEACH FL 33407

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS EDWARDS, BRIAN G
CITY-ST-ZIP 4411 BEACON CIR., #4
WEST PALM BEACH FL 33407

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-00 561-848-2522

CR2E034 (9/99)