

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90003 044 \*\*\*\*50.00

**DOCUMENT # L00000000375**

1. Entity Name

**DEBORAH H. JOHNSON, L.L.C.**

Principal Place of Business

**390 NORTH ORANGE AVE., SUITE 1100  
ORLANDO FL 32801**

Mailing Address

**390 NORTH ORANGE AVE., SUITE 1100  
ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
 390 NORTH ORANGE AVE., SUITE 1100  
 ORLANDO FL 32801**

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JOHNSON, DEBORAH H 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO FL 32801</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Deborah H. Johnson, Manager* 1/18/02 4078394200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (9/01)



Attachment  
16346  
#2000000000375

390 NORTH ORANGE AVENUE  
SUITE 1100  
ORLANDO, FLORIDA 32801  
P.O. BOX 4961 (32802-4961)  
TELEPHONE: 407.839.4200  
FACSIMILE: 407.425.8377  
www.broadandcassel.com  
DEBORAH H. JOHNSON, L.L.C.  
DIRECT LINE: (407) 839-4282  
DIRECT FACSIMILE: (407) 650-0920  
EMAIL: djohnson@broadandcassel.com

February 20, 2002

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Deborah H. Johnson, L.L.C.  
Our File No.: 21621-0950

Dear Sir/Madam:

Pursuant to your correspondence dated January 29, 2002 (copy enclosed) and my assistant's subsequent telephone conversation with Diane of the Annual Report Section, enclosed please find my 2002 Uniform Business Report ("UBR") for filing with your office. Please note that my Federal Employer Identification ("FEI") Number is my social security number and therefore is not a requirement for filing the enclosed UBR with your office.

Thank you for your assistance in this matter. Should you have any questions or comments, please do not hesitate to contact me.

Very truly yours,

BROAD AND CASSEL

By: Deborah H. Johnson  
Deborah H. Johnson, L.L.C.

DHJ:ser

Enclosures