# 2001 UNIFORM BUSINESS REPORT (UBR)

000027 AF

DOCUMENT # L00000012872

FILED 4/4/19

1. Entity Name
JOHNSON FAMILY LLC

**FILED**
**Apr 19, 2001 8:00 A.M.**
**Secretary of State**

| Principal Place of Business | Mailing Address |
|---|---|
| 230 7TH AVENUE NORTH<br>NAPLES FL 34102 | 230 7TH AVENUE NORTH<br>NAPLES FL 34102 |

| 2. Principal Place of Business | | 3. Mailing Address | | DO NOT WRITE IN THIS SPACE |
|---|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | 4. FEI Number 59-3681954 ☐ Applied For ☐ Not Applicable |
| Zip | Country | Zip | Country | 5. 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 |
|---|---|
| KELLY, CHARLES M JR.<br>2640 GOLDEN GATE PKWY., STE. 305<br>NAPLES FL 34105 | Name ROBERT T. JOHNSON JR.<br>Street Address (P.O. Box Number is Not Acceptable) 230 7th Avenue No.<br>City NAPLES **FL** Zip Code 34102 |

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 T. Johnson Jr. 4-13-01
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**

900004036349--2
-04/20/01--01106--007
*****50.00 *****50.00

| 9. MANAGING MEMBERS/MEMBERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MANAGING MEMBER<br>ROBERT T. JOHNSON JR.<br>230 7th Ave. No.<br>NAPLES, FL. 34102 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MEMBER<br>BETSIE B. JOHNSON<br>230 7TH AVE. NO.<br>NAPLES, FL. 34102 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MEMBER<br>BLAKE R. JOHNSON<br>1614 N. WOLCOTT<br>CHICAGO ILL 60622 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MEMBER<br>LISA S. JOHNSON<br>1614 N. WOLCOTT<br>CHICAGO ILL. 60622 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E083 (11/00)

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:** Robert T. Johnson Jr. 4-13-01 941 434 0056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #