

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90578 040 ****50.00

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DOCUMENT # L02000019779

1. Entity Name

JOHNSTON'S CAMPGROUND REALTY LLC



Principal Place of Business

**15190 HARBOUR ISLE DR.
FORT MYERS FL 33908**

Mailing Address

**15190 HARBOUR ISLE DR.
FORT MYERS FL 33908**

2. Principal Place of Business

14844 Paradigm Ct

Suite, Apt. #, etc.

3. Mailing Address

14844 Paradigm Ct.

Suite, Apt. #, etc.

City & State

Fort Myers FL

Zip

33919

Country

USA

City & State

Fort Myers FL

Zip

33919

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSTON, FLORENCE P
15190 HARBOUR ISLE DR.
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name

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

14844 PARADIGM CT

City

FT MYERS

FL

Zip Code

33919

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

Signature, typed 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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

MANAGING MEMBER ☐ Delete
FLORENCE P JOHNSTON
14844 PARADIGM CT
FT MYERS, FL 33919

☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition
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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.

FLORENCE P JOHNSTON, MGR MEMBER

SIGNATURE: Florence P Johnston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/03

Date

Daytime Phone #

CR2E083 (10/02)