

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L98000003219

1. Entity Name
GEGAX/JOHNSON, L.C.

00 MAR 30 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

inf 4/10



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
975 IMPERIAL GOLF COURSE BLVD., SUITE 117 975 IMPERIAL GOLF COURSE BLVD., SUITE 117
NAPLES FL 34110 NAPLES FL 34110-1088

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3548884 Applied For Not Applicable

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

JOHNSON, BRIAN W
975 IMPERIAL GOLF COURSE BLVD., SUITE 117
NAPLES FL 34110

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete
NAME GEGAX, JAN L
STREET ADDRESS 13105 VANDERBILT DRIVE NO. 209
CITY - ST - ZIP NAPLES FL 34110

TITLE ☐ Change ☐ Addition
NAME 400003206904--5
STREET ADDRESS -04/13/00--01033--004
CITY - ST - ZIP *****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME JOHNSON, BRIAN W
STREET ADDRESS 13105 VANDERBILT DRIVE NO. 209
CITY - ST - ZIP NAPLES FL 34110

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

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

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: Jan L. Gegax DATE: 3-27-00 DAYTIME PHONE: 597-3433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)