

# 2000 UNIFORM BUSINESS REPORT (UBR)

0016596 AB

DOCUMENT # L99000003145

1. Entity Name  
JOHNSTON ISLAND, LC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 15 PM 1:58

Principal Place of Business

14001 ATLANTIC BOULEVARD  
JACKSONVILLE FL 32225

Mailing Address

3218 NORTHEAST 29TH STREET  
GRESHAM OR 97030-3367



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

59-3582626

59-3582626

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

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

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 reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR  
STREET ADDRESS JOHNSTON, WILLIAM H  
CITY- ST- ZIP 3218 NORTHEAST 29TH STREET  
GRESHAM OR 97030 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP 600003148366--6  
-02/25/00-01200-012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGR  
STREET ADDRESS JOHNSTON, DIANE L  
CITY- ST- ZIP 3218 NORTHEAST 29TH STREET  
GRESHAM OR 97030 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
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CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/8/00

503 618-7457

Date

Daytime Phone #

CR2E083 (9/99)