

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20674

1. Entity Name

JACQUELINE ELVIRA HODGES JOHNSON FUND, INCORPORA

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90021 040 ****70.00

Principal Place of Business

2901 38TH STREET SOUTH
ST. PETERSBURG FL 33711

Mailing Address

2901 38TH ST. SOUTH
ST. PETERSBURG FL 33711-3732
US

B0018661



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2817577

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, RICHARD J.
3597 ABINGTON AVENUE SOUTH
ST. PETERSBURG FL 33711

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	JOHNSON, GEORGIA M	
STREET ADDRESS	2901 38TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BAUKS, ELLA	
STREET ADDRESS	7917 SINGING COURT PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	ROBINSON, ANNIE M	
STREET ADDRESS	3595 29TH AVE. SO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODGES, PAUL	
STREET ADDRESS	3081 21ST AVE. SO.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENDY, BETTY	
STREET ADDRESS	2201 LAMPRIILLA WAY SO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Georgina M. Johnson, Chairperson 1-6-00 (727) 867-9567

CR2E037 (9/99)