

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90092 040 ****61.25

DOCUMENT # N20959

1. Entity Name

JOHNSON GROUP HOMES, INC.

Principal Place of Business

Mailing Address

**JOHNSON GROUP HOMES
 703 N.E. 1ST STREET
 GAINESVILLE FL 32604
 US**

**3525 N.W. 22ND TERRACE
 GAINESVILLE FL 32601
 US**

B0047761



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

59-2853697

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

**JOHNSON, BETTY C
 5400 NW 39TH AVE
 APT CC279
 GAINESVILLE FL 32605**

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

Betty Johnson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-06-02

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	VD	<input type="checkbox"/> Delete
NAME	COLEMAN, ANNIE	
STREET ADDRESS	2109 MANOR VIEW COURT	
CITY-ST-ZIP	COLUMBIA SC 29210	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	JOHNSON, BETTY C	
STREET ADDRESS	5400 NW 39TH AVE, APT CC279	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COLEMAN, RONNIE	
STREET ADDRESS	2437 DOVE LANE	
CITY-ST-ZIP	COLUMBIA SC 29210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Betty Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-06-02
 Date Daytime Phone #

CR2E037 (9/01)