

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049793

1. Entity Name

JOHNSON MANAGEMENT COMPANY OF ST. PETE BEACH, IN

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90052 009 ***150.00

Principal Place of Business

Mailing Address

800 GULFWAY
PASS A GRILLE WAY FL 33706

800 GULFWAY
PASS A GRILLE WAY FL 33706

2. Principal Place of Business

3. Mailing Address

900 Gulfway
Suite, Apt. #, etc.

900 Gulfway
Suite, Apt. #, etc.

City & State

City & State

PASS-A-GRIFFE, FL.

PASS-A-GRIFFE, FL.

Zip

Country

Zip

Country

33706 USA

33706

USA

4. FEI Number 59-3384590

Applied For

Not Applicable

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, BERNARD H
22 PARADISE LANE
TREASURE ISLAND FL 33706

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, BERNARD H	
STREET ADDRESS	22 PARADISE LANE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, DEBORAH S	
STREET ADDRESS	22 PARADISE LANE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bernard Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01 *727-367-8308*
Date Daytime Phone #

CR2E034 (10/00)