

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P98000098345**

1. Entity Name

**J. BAR J., INC.** ✓

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90008 049 \*\*\*550.00

Principal Place of Business

211 GRANDVILLE ROAD  
 NORTH FORT MYERS FL 33917  
 US

Mailing Address

P.O. BOX 3683  
 NORTH FORT MYERS FL 33918  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0880238**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JOHNSON, LARRY A**  
 211 GRANDVILLE ROAD  
 NORTH FORT MYERS FL 33917

7. Name and Address of New Registered Agent

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LARRY A	NAME	
STREET ADDRESS	211 GRANDVILLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ALICE D	NAME	
STREET ADDRESS	211 GRANDVILLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KEITH W	NAME	
STREET ADDRESS	211 GRANDVILLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BRETT A	NAME	
STREET ADDRESS	211 GRANDVILLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPINCOTT, TRINA L	NAME	
STREET ADDRESS	211 GRANDVILLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** LAWRENCE A. JOHNSON  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-2000 941-9977982  
 Date Daytime Phone #

CR 11/04/00