


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90866 040 \*\*\*\*70.00

**DOCUMENT # 715096**

1. Entity Name  
**BROWN CHARITY FOUNDATION INC.**



Principal Place of Business  
**19505 COLLINS AVE  
MIAMI BCH FL 33160  
US**

Mailing Address  
**1095 PINOAK STREET  
HOLLYWOOD FL 33019  
US**

2. Principal Place of Business  
**1095 PINOAK ST**

3. Mailing Address  
**1095 PINOAK ST**

Suite, Apt. #, etc.  
**#**

Suite, Apt. #, etc.

City & State  
**HOLLYWOOD, FL.**

City & State

Zip  
**33019**

Country  
**USA**

Zip

Country

4. FEI Number **59-6151063**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BROWN, STANLEY L.  
19505 COLLINS AVE  
MIAMI BCH FL 33160**

7. Name and Address of New Registered Agent

Name **STANLEY L. BROWN**

Street Address (P.O. Box Number is Not Acceptable)  
**1095 PINOAK ST.**

City **HOLLYWOOD** FL Zip Code **33019**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stanley L Brown* *Stanley L. Brown* **2/28/03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BROWN, JACK N 19505 COLLINS AVE MIAMI BEACH FL 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BROWN, STANLEY L 19505 COLLINS AVE MIAMI BEACH, FL. 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWN, STEVEN M. 19505 COLLINS AVE MIAMI BEACH FL 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWN, GARY L. 19505 COLLINS AVE MIAMI BEACH FL 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1095 Pin Oak St Hollywood, FL 33019</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1095 Pin Oak St Hollywood, FL 33019</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1095 Pin Oak St Hollywood, FL 33019</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1095 Pin Oak St Hollywood, FL 33019</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stanley L. Brown* **2/28/03 954-922 5823**

CR2E037 (10/02)