

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03779

1. Entity Name

MARIE BROWN MINISTRIES, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90027 019 ****61.25

Principal Place of Business

Mailing Address

% DANIEL C. FREEMAN, JR.

~~5200 SOUTH U.S. HIGHWAY 17 - 02~~
CASSELBERRY FL 32707

% DANIEL C. FREEMAN, JR.

~~5200 SOUTH U.S. HIGHWAY 17 - 02~~
CASSELBERRY FL 32707-3845

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5250 S US HWY 17/92

Suite, Apt. #, etc.

5250 S US HWY 17/92

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2423649

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

FREEMAN, DANIEL C., JR.

~~5200 SOUTH U.S. HIGHWAY 17 - 02~~
CASSELBERRY FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

5250 S US HWY 17/92

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

Daniel C. Freeman, Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/00

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 **P** ☐ Delete
NAME **BROWN, MARIE**
STREET ADDRESS **6722 S PEORIA, #513**
CITY-ST-ZIP **TULSA OK**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **LOVERN, PATSY**
STREET ADDRESS **40781 N 4009 DRIVE**
CITY-ST-ZIP **COLLINSVILLE OK**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☐ Delete
NAME **LOWERY, MARSHA G.**
STREET ADDRESS **4131 E. 28TH PLACE**
CITY-ST-ZIP **TULSA OK**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **OSBORN, SAM**
STREET ADDRESS **5132 S. ATLANTA**
CITY-ST-ZIP **TULSA OK**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ANTHONY, CHYANNA**
STREET ADDRESS **11404 N FRANKLIN**
CITY-ST-ZIP **JENKS OK**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TREGONING, SUSAN**
STREET ADDRESS **5818 E. 35TH**
CITY-ST-ZIP **TULSA OK**

TITLE ☐ Change ☐ 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:

MARIE BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/2000 918-743-8508

CR2E037 (9/99)