

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90314 050 \*\*\*150.00

0557819

**DOCUMENT # P96000043454**

1. Entity Name  
**B. B. BROWN'S GARDENS, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>11490 MONTE VISTA ROAD<br>CLERMONT FL 34711 | Mailing Address<br>P. O. BOX 120757<br>CLERMONT FL 34712 |
|--|--|

972050



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                  |                   |                          |                                       |
|----------------------------------|-------------------|--------------------------|---------------------------------------|
| 4. FEI Number                    | <b>59-3376648</b> | Applied For              | <input type="checkbox"/>              |
|                                  |                   | Not Applicable           | <input type="checkbox"/>              |
| 5. Certificate of Status Desired |                   | <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

**BROWN, CATHY C**  
**11490 MONTE VISTA ROAD**  
**CLERMONT FL 34711**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | STD                      | <input type="checkbox"/> Delete |
| NAME           | <b>BROWN, BRUCE B</b>    |                                 |
| STREET ADDRESS | <b>1647 ANDERSON ST.</b> |                                 |
| CITY-ST-ZIP    | <b>CLERMONT FL 34711</b> |                                 |
| TITLE          | PD                       | <input type="checkbox"/> Delete |
| NAME           | <b>BROWN, CATHY C</b>    |                                 |
| STREET ADDRESS | <b>1647 ANDERSON ST.</b> |                                 |
| CITY-ST-ZIP    | <b>CLERMONT FL 34711</b> |                                 |
| 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    |                          |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Cathy C. Brown **CATHY C. BROWN** 4/18/01 352/429-5566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (10/00)