

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90020 007 ***150.00

DOCUMENT # 189627

1. Entity Name

BROWNING INSURANCE AGENCY, INC.

Principal Place of Business

**1 NORTH MAIN ST.
P.O. BOX 818
BROOKSVILLE FL 34605-0818
US**

Mailing Address

**1 NORT MAIN ST
P.O. BOX 818
BROOKSVILLE FL 34605-0818
US**

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 **59-0769144**Applied For
Not Applicable5. 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

**BROWNING, MARK E.
1 NORTH MAIN STREET
BROOKSVILLE FL 34601**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	PD			
	BROWNING, MARK E.	1 N. MAIN STREET	BROOKSVILLE FL	

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

	VTD			
	BROWNING, S. SCOTT	1 N. MAIN STREET	BROOKSVILLE FL	

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	VSD			
	BROWNING, JON THOMAS	1 N. MAIN STREET	BROOKSVILLE FL	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/2000

352-796-3532