

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 196764

1. Entity Name

LOWRIE BROWN ENTERPRISES INC

Principal Place of Business

2118 W CENTRAL BLVD  
ORLANDO FL 32805  
US

Mailing Address

PO BOX 568546  
ORLANDO FL 32856-8546  
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 59-0799259

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

LOWRIE W BROWN III  
3906 S SUMMERLIN AVE  
ORLANDO FL 32806

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 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

TITLE PD ☐ Delete  
NAME LOWRIE W BROWN III  
STREET ADDRESS 3906 S SUMMERLIN AVE  
CITY-ST-ZIP ORLANDO FL

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

TITLE VPD ☒ Delete  
NAME MARGARET S BROWN  
STREET ADDRESS 70 W LUCERNE CIR APT 909  
CITY-ST-ZIP ORLANDO FL

TITLE VPD ☒ Change ☐ Addition  
NAME JOHN M. BROWN  
STREET ADDRESS 1012 CATALPA LN.  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE SD ☐ Delete  
NAME BROWN, MARY A  
STREET ADDRESS 3906 S SUMMERLIN AVE  
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ Delete  
NAME MARGARET FULLER  
STREET ADDRESS 9317 FERNERY RD  
CITY-ST-ZIP LEESBURG FL

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

TITLE D ☐ Delete  
NAME MARY CAROLYN ADLER  
STREET ADDRESS 1206 JOSSIE LANE  
CITY-ST-ZIP MCLEAN VA

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90209 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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