

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90033 045 \*\*\*150.00

**DOCUMENT # 436892**

1. Entity Name

**COUNTRYSIDE DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

**11720 SHELDON RD  
TAMPA FL 33626**

**11720 SHELDON RD  
TAMPA FL 33626-4317**

2. Principal Place of Business

**10720 Montague St.**

3. Mailing Address

**10720 Montague Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

**Tampa, FL**

Zip

**33626**

Country

**Hillsborough**

Zip

**33626**

Country

**Hillsborough**

4. FEI Number

**59-1485386**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, TOM FAIRFIELD  
11720 SHELDON ROAD  
TAMPA FL 33626**

7. Name and Address of New Registered Agent

Name

**Tom Fairfield Brown**

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

**10720 Montague Street**

City

**Tampa**

**FL**

Zip Code

**33626**

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

**Tom Fairfield Brown**

**1/14/00**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>BROWN, TOM FAIRFIELD</b>	
STREET ADDRESS	<b>11720 SHELDON RD.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>BROWN, ORA KATHERINE</b>	
STREET ADDRESS	<b>11720 SHELDON RD.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>BROWN, RICHARD D</b>	
STREET ADDRESS	<b>11720 SHELDON RD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Brown, Tom Fairfield</b>	
STREET ADDRESS	<b>10720 Montague Street</b>	
CITY-ST-ZIP	<b>Tampa, FL 33626</b>	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ora Katherine Brown</b>	
STREET ADDRESS	<b>10720 Montague Street</b>	
CITY-ST-ZIP	<b>Tampa, FL 33626</b>	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richard D. Brown</b>	
STREET ADDRESS	<b>10720 Montague Street</b>	
CITY-ST-ZIP	<b>Tampa, FL 33626</b>	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Tom Fairfield Brown**

**1/14/00**

Date

**(813) 920-6661**

Daytime Phone #

CR2E034 (9/99)