

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00045

1. Entity Name

CLAUDE NOLAN BROWN COMPANY

FILED

Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90097 001 ***150.00

Principal Place of Business

Mailing Address

4250 LAKESIDE DR
STE 208
JACKSONVILLE FL 32210
US

P O BOX 22
ORTEGA STATION
JACKSONVILLE FL 32210-0022
US

040400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2030510

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANDERSON, KENNETH G
1301 RIVERPLACE BLVD
2640
JACKSONVILLE FL 32207

Name

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

Suite 2640

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 PTD ☐ Delete
NAME BROWN, LILA BYRD
STREET ADDRESS 4250 LAKESIDE DR #208
CITY-ST-ZIP JACKSONVILLE FL 32210

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

TITLE ASVD ☐ Delete
NAME BROWN, BARRET
STREET ADDRESS 4250 LAKESIDE DR #208
CITY-ST-ZIP JACKSONVILLE FL 32210

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

TITLE VD ☐ Delete
NAME HELMICK, JOHN P. JR.
STREET ADDRESS 4250 LAKESIDE DR. APT 208
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4250 Lakeside Drive, Suite 208
CITY-ST-ZIP

TITLE AV ☐ Delete
NAME HELMICK, MARC A
STREET ADDRESS 4250 LAKESIDE DR. APT 208
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4250 Lakeside Drive, Suite 208
CITY-ST-ZIP

TITLE AVS ☐ Delete
NAME HELMICK, CLAUDETTE
STREET ADDRESS 4250 LAKESIDE DR, 208
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4250 Lakeside Drive, Suite 208
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:

Barret Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John P. Jr. Helnick 904-389-2340