

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F63787

1. Entity Name

H. DONOVAN BROWN, P.H.D. & ASSOCIATES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90920 004 ***150.00

| | |
|---|---|
| Principal Place of Business 302 S MASSACHUSETTS AVE S204 LAKELAND FL 33801 US | Mailing Address 302 S MASSACHUSETTS AVE STE 119 LAKELAND FL 33801-5091 US |
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|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|--|
| 4. FEI Number 59-2170818 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|--|
| 6. Name and Address of Current Registered Agent BROWN, H. DONOVAN 6679 TRAIL RIDGE DRIVE LAKELAND FL 33813 | 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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td>DS</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BROWN, MARGARET A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6679 TRAIL RIDGE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PTD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BROWN, H. D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6679 TRAIL RIDGE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BROWN, D.S.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2133 S COUNTRY BEND</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LKLD FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | DS | <input type="checkbox"/> Delete | NAME | BROWN, MARGARET A. | | STREET ADDRESS | 6679 TRAIL RIDGE DR | | CITY-ST-ZIP | LAKELAND FL | | TITLE | PTD | <input type="checkbox"/> Delete | NAME | BROWN, H. D | | STREET ADDRESS | 6679 TRAIL RIDGE DR | | CITY-ST-ZIP | LAKELAND FL | | TITLE | VD | <input type="checkbox"/> Delete | NAME | BROWN, D.S. | | STREET ADDRESS | 2133 S COUNTRY BEND | | CITY-ST-ZIP | LKLD FL | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | 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 | | |
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| STREET ADDRESS | 6679 TRAIL RIDGE DR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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: D. S. Brown 4-28-00 863-683 0071
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)