

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90030 030 ***150.00

DOCUMENT # F95000000855

1. Entity Name

THE BROWN SCHOOLS OF FLORIDA, INC.

Principal Place of Business

**1407 W. STASSNEY LANE
AUSTIN TX 78745
US**

Mailing Address

**P.O. BOX 4008
AUSTIN TX 78765-4008
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

74-2334896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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** ☒ Delete
NAME **HARCOURT, JOHN**
STREET ADDRESS **1407 W. STASSNEY**
CITY-ST-ZIP **AUSTIN TX**

TITLE **V** ☐ Delete
NAME **WADDILL, GREGG**
STREET ADDRESS **1407 W STASSNEY**
CITY-ST-ZIP **AUSTIN-TX**

TITLE **ST** ☒ Delete
NAME **HERRING, GREG**
STREET ADDRESS **1407 WEST STASSNEY**
CITY-ST-ZIP **AUSTIN TX**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☐ Change ☒ Addition
NAME **THOMAS RILEY**
STREET ADDRESS **1407 W. STASSNEY**
CITY-ST-ZIP **AUSTIN, TX 78745**

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

TITLE **V** ☐ Change ☒ Addition
NAME **RICHARD PUTNEY**
STREET ADDRESS **1407 W. STASSNEY**
CITY-ST-ZIP **AUSTIN, TX 78745**

TITLE **D** ☐ Change ☒ Addition
NAME **CHRIS CROSBY**
STREET ADDRESS **65 EAST 55th ST**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **D** ☐ Change ☒ Addition
NAME **GEORGE MCCOWN**
STREET ADDRESS **3000 SAND HILL RD # 290**
CITY-ST-ZIP **MENLO PARK, CA 94025**

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:

RICHARD PUTNEY, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(512) 4640239