PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # F9800006058 1. Corporation Name

BROWN FOREST CLUB, INC.

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90049 033 ***150.00



								i isatiāt ilia intat latre darre natur a	#### #################################			
Principal Place of Business Mailing Address			iress									
225 EAST REDV	VOOD STREET		225 EAST REDWOOD STREET									
BALTIMORE MD 21202		BALTIMORE MD 21202					DO NOT WRITE IN THIS SPACE					
							<u> </u>	Date Incorporated or Qualifed	#¥ 11 110 C	# AOL		
							3.				ļ	
L								10/30/1998				
2. Principal Pl	ace of Business	2a. Mailing	Address				4.	FEI Number		\vdash	plied For	
21		26						52-2125740			ot Applicable	
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.				5.	Certifcate of Status Desired [⊐.	T - · - ·	Additional	
22		27								Fee Re	equired	
City & State	e	City & S	State				6.	Election Campaign Financing	<u>-</u>	\$5.00	, 1	
23		28						Trust Fund Contribution		Added	to Fees	
Zip	Country Zip			Country			This corporation owes the current year Intangible					
24	25 29 30]			Personal Property Tax. X Yes No					
	9. Name and Address of Current	Registered Ag	ent	· I			10	Name and Address of New Reg	istered A	gent		
				8	11	Name						
ELK, SCOTT A ESQUIRE						<u> </u>		O Day November in New Assessments				
4800 NORTH FEDERAL HIGHWAY, SUITE 200E					12	Street Ad	idress (I	P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33431				8	3	<u>-</u>						
					~			·				
				8	14	City			FL	85 Zip	Code	
10 No. College - 4 college Chebuten the charge ground concention submits this statement for the purpose of changing its registered											registered	
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such	change was author	orizea p	y tn	e corpor	ation's b	oard of directors. I hereby accept to	ne appoint	tment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Res	gistered Ag	gent s	signature req			DATE			
12.	OFFICERS AND	DIRECTORS		13.				ADDITIONS/CHANGES TO OFFIC				
TITLE	PC		DELETE	1.1 TITLE	•		PD 🗀			X Change	Addition	
NAME	PRUGH, JOHN M			1.2 NAME	E		PRUGI	H, JOHN M.			ļ	
STREET ADDRESS	225 EAST REDWOOD STREET,	TH FLOOR		1.3 STRE	ETA	ODRESS	225. 1	EAST REDWOOD STREET	Γ			
	BALTIMORE MD 21202			1.4 CITY-				IMORE, MD 21202				
CITY-ST-ZIP	VC		DELETE	2.1 TITLE			VD	trone, in 21202		Change Ch	Addition	
]	,,,•			2.2 NAME				SORE DEMER E			_	
NAME	BANCROFT, PETER E	4TH FLOOR						ROFT, PETER E.	_		Į	
STREET ADDRESS	225 EAST REDWOOD STREET,	FIN FLOOR	•	2.3 STRE				EAST REDWOOD STREET	C		ĺ	
CITY-ST-ZIP	BALTIMORE MD 21202			2. 4 CITY		ZIP	BALT	IMORE, MD 21202		Ch	Addition .	
TITLE	SD		DELETE	3.1 TITLE] ,	VSD			₩ Change	☐ ¥aasson 1	
NAME	HALL, TERRY F			3.2 NAME	E		HALL	TERRY F.				
STREET ADDRESS	225 EAST REDWOOD STREET,	4TH FLOOR		3.3 STRE	EETA			EAST REDWOOD STREET	Γ			
CITY-ST-ZIP	BALTIMORE MD 21202			3 4. CITY	/-ST-			IMORE, MD 21202			<u> </u>	
TITLE	T		☐ D€LETE	4,1 TITLE	Ε		otili i			☐ Change	Addition	
NAME	GISRIEL, TIMOTHY M			4. 2 NAM	Æ						l	
STREET ADDRESS		ATH FLOOR		4.3 STRE	EETA	DORESS					Ì	
	BALTIMORE MD 21202			4.4 CITY								
CITY-ST-ZIP	DALTIMONE MD 21202		DELETE	5.1 TITLE						Change	Addition	
1			_ 50,001	5.2 NAME							_	
NAME						ADDRESS .						
STREET ADDRESS				3.3 STRE	LCIA	-DUNESS						

CITY-ST-ZIP 14. 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 annual report or suppliemental annual 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 12 or Block 13 if change, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

NAME

Timothy M.

Treasurer

(410) 727-4083

Addition

Change

CR2E034 (11/98)