

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90074 049 ***150.00

DOCUMENT # F98000006058

1. Entity Name
BROWN FOREST CLUB, INC.

Principal Place of Business
225 EAST REDWOOD STREET
BALTIMORE MD 21202

Mailing Address
225 EAST REDWOOD STREET
BALTIMORE MD 21202

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
52-2125740

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ELK, SCOTT A ESQUIRE
4800 NORTH FEDERAL HIGHWAY, SUITE 200E
BOCA RATON FL 33431

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, 2002 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 ☐ Delete
 NAME **PD PRUGH, JOHN M**
 STREET ADDRESS **225 E REDWOOD ST**
 CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE ☐ Delete
 NAME **VD BANCROFT, PETER E**
 STREET ADDRESS **2258 E REDWOOD ST**
 CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE ☐ Delete
 NAME **VSD HALL, TERRY F**
 STREET ADDRESS **225 E EDWOOD ST**
 CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE ☐ Delete
 NAME **T GISRIEL, TIMOTHY M**
 STREET ADDRESS **225 EAST REDWOOD STREET, 4TH FLOOR**
 CITY-ST-ZIP **BALTIMORE MD 21202**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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 of Scott A. Elk
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/02

410-727-4083

Date

Daytime Phone #

CR2E034 (9/01)