FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90090 032 ***150.00

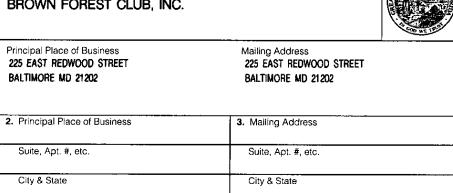
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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

DOCUMENT #

BROWN FOREST CLUB, INC.



AUNTAPTO

2. Principal Place of Business		3. Mailing Ad	3. Mailing Address][
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & Sta	te	City & Stat	City & State			4. FEI Number 52-2125740 Applied Not App		
Zip	Zip Country Zip		Country		5. (5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Curre	nt Registered Age	nt		7. 1	Name and Address of New Registers	d Agent	
		• •		Nāme			•	
ELK, SCOTT A ESQUIRE				•				
•	RTH FEDERAL HIGHWAY, SUITE	2005	Street Addr		ress (P.O. Box Number is Not Acceptable)			
		. 200L						
DUCA RA	TON FL 33431							
				City	,	F	Zip Coo	e
the obligat	tions of registered agent. Signature, typed or printed name of registered age			ered Agent signature		ent, or both, in the State of Florida. I a		———
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.	\$5.0 Adde	00 May Be d to Fees
10.		ID DIRECTORS	1	1.	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE	PD		Delete Ti	ITLE			Change	☐ Addition
NAME	PRUGH, JOHN M			AME				
STREET ADDRESS	225 E REDWOOD ST			TREET ADDRESS				
CITY-ST-ZIP	BALTIMORE MD 21202		С	ITY-ST-ZIP				
TITLE	VD		Delete TI	ITLE			☐ Change	Addition
NAME	BANCROFT, PETER E		N.	AME				
STREET ADDRESS	2258 E REDWOOD ST		S	TREET ADDRESS				
CITY-ST-ZIP	BALTIMORE MD 21202		C	ITY-ST-ZIP				
TITLE	VSD			TLE			Change	Addition
NAME	HALL, TERRY F	=	N.	AME		1 · · · · · · · · · · · · · · · · · · ·	. —	—
STREET ADDRESS	225 E EDWOOD ST		ST	TREET ADDRESS				
CITY-ST-ZIP	BALTIMORE MD 21202		CI	TY-ST-ZIP				
TITLE	T		Delete TI	TLE			☐ Change	☐ Addition
NAME:	GISRIEL, TIMOTHY M	_	25.010	AME				
STREET ADDRESS	225 EAST REDWOOD STREET,	4TH FLOOR	SI	TREET ADDRESS				
CITY-ST-ZIP	BALTIMORE MD 21202			TY-ST-ZIP				

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE.

NAME

TITLE

NAME -

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Timothy M. Gisriel

☐ Delete

☐ Delete

01/30/03

410-727-4083

☐ Change

☐ Change

☐ Addition

Addition

CR2E034 (10/02)