

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K87842

1. Entity Name

~~BROWN PLATTNER, INC.~~ *Brown Real Estate Holdings, Inc.*

Principal Place of Business

Mailing Address

~~3015 LAKE ALFRED ROAD
WINTER HAVEN FL 33888~~

~~3015 LAKE ALFRED ROAD
WINTER HAVEN FL 33881-1438~~

*3015 LAKE ALFRED RD. 1190 Regency CTR DR.
WINTER HAVEN FL 33880 ATL GA 30331*

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

59-2950368

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

7. Name and Address of New Registered Agent

JOHNNY MAC BROWN

~~3015 LAKE ALFRED RD~~

~~WINTER HAVEN FL 33888~~

1190 Regency CTR DR.

ATL GA 30331

Name *Chris Rider*

Street Address (P.O. Box Number is Not Acceptable)

201 E. Pine Street

Suite 801

City *Orlando, FL*

FL

Zip Code
32801

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

9/6/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *P*
NAME *BROWN, JOHNNY M*
STREET ADDRESS *3015 LAKE ALFRED ROAD*
CITY-ST-ZIP *WINTER HAVEN FL 33881*

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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 Officer or Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)