

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K93417

1. Entity Name  
R. T. BROWN, INC.

**FILED**  
**Aug 09, 2000 8:00 am**  
**Secretary of State**

08-09-2000 90076 045 \*\*\*150.00

Principal Place of Business  
5430 WEST GULF TO LAKE HWY  
CRYSTAL RIVER FL 34429  
US

Mailing Address  
PO BOX 2172  
CRYSTAL RIVER FL 34423  
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 59-2997443

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRETT, H. JAMES  
511 E. PENNSYLVANIA AVENUE  
DUNNELLON FL 32630

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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          | D                       | <input type="checkbox"/> Delete |
| NAME           | BROWN, RICHARD T.       |                                 |
| STREET ADDRESS | 5430 W GULF TO LAKE HWY |                                 |
| CITY-ST-ZIP    | CRYSTAL RIVER FL        |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | BROWN, SAMANTHA N.      |                                 |
| STREET ADDRESS | 5430 W GULF TO LAKE HWY |                                 |
| CITY-ST-ZIP    | CRYSTAL RIVER FL        |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | CLARK, JOHN H., II      |                                 |
| STREET ADDRESS | 5622 W. BONANZA DRIVE   |                                 |
| CITY-ST-ZIP    | BEVERLY HILLS FL        |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | CLARK, ELEANOR COCHRANE |                                 |
| STREET ADDRESS | 5622 W. BONANZA DRIVE   |                                 |
| CITY-ST-ZIP    | BEVERLY HILLS FL        |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/00

352-795-0111

Date

Daytime Phone #

CR2E034 (5/00)

**Brown Funeral Home**  
**5430 W. Gulf to Lake**

ATTACHMENT

# K93417

July 1506

P.O. Box 2172

Crystal River, Florida 34423

August 4, 2000

Department of State's Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Document # K93417  
R.T. Brown, Inc.

To whom it may concern:

As instructed by our phone call today, I am enclosing a check for \$150.00 for the above corporation. I did not receive any prior notice that this tax was due and therefore missed the deadline. If you have any questions or concerns please let me know.

Sincerely,



Richard T. Brown  
President