

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K95413

1. Entity Name

BROWN FAMILY LAKE HOUSE CORPORATION

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90148 021 \*\*\*150.00

Principal Place of Business

1038 SE 14TH TERR.  
OCALA FL 34471

Mailing Address

1038 SE 14TH TERR.  
OCALA FL 34471-4520

2. Principal Place of Business

2405 N.E. 34<sup>th</sup> PL.

Suite, Apt. #, etc.

Ocala, FL

City & State

3. Mailing Address

2405 N.E. 34<sup>th</sup> PL.

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34479

Country

Marion

Zip

34479

Country

Marion



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3000962

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, MARK  
1038 SE 14TH TERR.  
OCALA FL 34471

7. Name and Address of New Registered Agent

Name

Brown, Tim

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

2405 N.E. 34<sup>th</sup> Place

City

Ocala

FL

Zip Code

34479

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 Tim Brown, Sr.

Signature, typed or printed name of registered agent and title if applicable

Tim Brown, Jr.

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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, 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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS BROWN, LEE, JR.  
CITY-ST-ZIP 4070 SE MARICAMP RD.  
OCALA FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BROWN, TIM  
CITY-ST-ZIP 2405 NE 34TH PL.  
OCALA FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BROWN, SCOT  
CITY-ST-ZIP 727 SE 4TH ST.  
OCALA FL

TITLE ☐ Delete  
NAME P  
STREET ADDRESS BROWN, MARK  
CITY-ST-ZIP 1038 SE 14TH TERR.  
OCALA FL

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 P  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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: Tim Brown, Sr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 (352) 629-6509

CR2E034 (9/99)