

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90157 037 ***150.00

DOCUMENT # K95413

1. Entity Name

BROWN FAMILY LAKE HOUSE CORPORATION

Principal Place of Business

**2405 NE 34TH PL
 Ocala FL 34479**

Mailing Address

**2405 NE 34TH PL
 Ocala FL 34479**

2. Principal Place of Business

1038 S.E. 14th Terrace

Suite, Apt. #, etc.

3. Mailing Address

1038 S.E. 14th Terrace

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34479

Country

U.S.A.

City & State

Ocala FL

Zip

34471

Country

U.S.A.

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, TIM

2405 NE 34TH PL

OCALA FL 34479

7. Name and Address of New Registered Agent

Name

Mark L. Brown

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

1038 S.E. 14th Terrace

City

Ocala

FL

Zip Code

34471

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 | S | <input type="checkbox"/> Delete |
| NAME | BROWN, LEE, JR. | |
| STREET ADDRESS | 4070 SE MARICAMP RD. | |
| CITY-ST-ZIP | OCALA FL | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | BROWN, TIM | |
| STREET ADDRESS | 2405 NE 34TH PL | |
| CITY-ST-ZIP | OCALA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROWN, SCOT | |
| STREET ADDRESS | 727 SE 4TH ST. 409 SE WENONA Street | |
| CITY-ST-ZIP | OCALA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROWN, MARK | |
| STREET ADDRESS | 1038 SE 14TH TERR. | |
| CITY-ST-ZIP | OCALA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Brown, Lee Jr. | |
| STREET ADDRESS | 4070 S.E. Maricamp Rd. | |
| CITY-ST-ZIP | Ocala, FL 34471 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Brown, Scot | |
| STREET ADDRESS | 409 S.E. Wenona Street | |
| CITY-ST-ZIP | Ocala, FL 34471 | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Brown, Mark | |
| STREET ADDRESS | 1038 S.E. 14th Terrace | |
| CITY-ST-ZIP | Ocala, FL 34471 | |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark L. Brown 4/29/02 732-0009

Date

Daytime Phone #

CR2E034 (9/01)