

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **200000012985**

1. Entity Name

**BROWN'S FARMER MARKET, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 27 AM 12:04



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>8251 NORTH CENTURY BLVD. CENTURY FL 32535</b>		Mailing Address <b>8251 NORTH CENTURY BLVD. CENTURY FL 32535</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3676518</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>BROWN, CHARLES L 8251 NORTH CENTURY BLVD. CENTURY FL 32535</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 26, 2001**

**500004617945--8**  
**-10/01/01--01051--003**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>mgr member</b> NAME <b>BROWN, CHARLES L</b> STREET ADDRESS <b>8251 NORTH CENTURY BLVD</b> CITY-ST-ZIP <b>CENTURY FL 32535</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>mgr member</b> NAME <b>BROWN, JACKIE</b> STREET ADDRESS <b>8251 NORTH CENTURY BLVD</b> CITY-ST-ZIP <b>CENTURY FL 32535</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

**7/31/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

0001588

CR2E083 (5/01)

STAPLE CHECK HERE