

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L64766

1. Entity Name

BROWN'S IRRIGATION, INC.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90085 012 \*\*\*150.00

Principal Place of Business

9035 SHALLOWFORD LANE  
PORT RICHEY FL 34668

Mailing Address

9035 SHALLOWFORD LANE  
PORT RICHEY FL 34668-4837

2. Principal Place of Business

10827 Maplewood Ave  
Suite, Apt. #, etc.

3. Mailing Address

10827 Maplewood Ave  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Richey, Florida

Zip

34668

Country

USA

City & State

Port Richey, Florida

Zip

34668

Country

USA

4. FEI Number

59-3000685

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, JON F.  
9035 SHALLOWFORD LANE  
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name

Jon F. Brown II

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

10827 Maplewood Ave

Port Richey

City

FL

Zip Code

34668

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 Jon F. Brown Jon F. Brown 1-1-2000

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, 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 PD ☒ Delete  
NAME BROWN, JON F.  
STREET ADDRESS 9035 SHALLOWFORD LN  
CITY-ST-ZIP PORT RICHEY FL

TITLE V ☐ Delete  
NAME BROWN, MARGARET E  
STREET ADDRESS 9035 SHALLOWFORD LN  
CITY-ST-ZIP PT RICHEY FL

TITLE ST ☐ Delete  
NAME BRYANT, PAMELA JO  
STREET ADDRESS 10251 DUDA ST  
CITY-ST-ZIP HUDSON FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PD ☐ Change ☒ Addition  
NAME ~~B~~ Brown II, Jon F  
STREET ADDRESS 10827 Maplewood Ave  
CITY-ST-ZIP Port Richey, FL 34668

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

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

TITLE ☐ Change ☐ Addition  
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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:

Jon F. Brown II  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon F. Brown II

Date

1-1-2000

Daytime Phone #

(727) 842-6675

CR2E034 (9/99)