

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 29 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*my 4h*



DO NOT WRITE IN THIS SPACE

**DOCUMENT # M99000000951**

1. Entity Name  
**BROWN, BROWN & HARDING, LLC**

Principal Place of Business  
3130 JASMINE DRIVE  
DELRAY BEACH FL 33483

Mailing Address  
3130 JASMINE DRIVE  
DELRAY BEACH FL 33483-4728

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
*1730 So FEDERAL HWY*  
Suite, Apt. #, etc.  
*PMB# 318*  
City & State  
*DELRAY BEACH, FL*  
Zip  
*33483*

4. FEI Number  
*65-0927346*

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, W. DAVID**  
3130 JASMINE DRIVE  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

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]* DATE \_\_\_\_\_

Signature, typed or printed name of registered agent required if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, W. DAVID 3130 JASMINE DRIVE DELRAY BEACH FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003208434-1 -04/13/00--01134--015 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, ARLENE A 3130 JASMINE DRIVE DELRAY BEACH FL 33483	<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]* **SIGNATURE REQUIRED** Date: *3/27/00* Daytime Phone #: *1-800-868-6406*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER