

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90056 029 ****61.25

DOCUMENT # NO00000008406 ✓

1. Entity Name

Jim and Kathy Brown Family Foundation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

272 W. KEY PALM ROAD

Suite, Apt. #, etc.

3. Mailing Address

272 W. KEY PALM ROAD

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

4. FEI Number

65-1071708

Applied For

Not Applicable

Zip

33432

Country

U.S.A.

Zip

33432

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name WOLASKY MARJORIE E., Esq.

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

9400 S. DADELAND BLVD, Suite 300

City

Miami

FL

Zip Code

33156

**DO NOT WRITE
IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DIRECTOR, P	BROWN JAMES F.	272 W. KEY PALM ROAD	BOCA RATON, FL. 33432				
DIRECTOR, V.P	BROWN KATHLEEN M.	272 W. KEY PALM ROAD	BOCA RATON, FL. 33432				
DIRECTOR, S.	BROWN GREGORY J.	272 W. KEY PALM ROAD	BOCA RATON, FL. 33432				
DIRECTOR, T	BROWN CHRISTOPHER M.	272 W. KEY PALM ROAD	BOCA RATON, FL. 33432				

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] Director

4/17/02