

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00512

1. Entity Name

THE BROWN SCHOOLS FOUNDATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90013 021 ****61.25

Principal Place of Business

Mailing Address

1000 SW 84TH AVE
PEMBROKE PINES FL 33025
US

P.O BOX 4008
AUSTIN TX 78765-4008
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2357179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, THOMAS K
5770 MILLER RD.
MIAMI FL 33155

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

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME D
STREET ADDRESS HARCOURT, JOHN
CITY-ST-ZIP 1407 WEST STASSNEY LANE
AUSTIN TX

TITLE ☐ Change ☒ Addition
NAME P/D
STREET ADDRESS GREGG WADDILL
CITY-ST-ZIP 1407 W. STASSNEY
AUSTIN, TX 78745

TITLE ☒ Delete
NAME VD
STREET ADDRESS STREIT, SAMUEL "BUDDY"
CITY-ST-ZIP 2419 WINTHROP
TALLAHASSEE FL

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS SHERRY THORNTON
CITY-ST-ZIP 5865 Ridgeway Ctr PKWY #300
MEMPHIS, TN 38120

TITLE ☐ Delete
NAME VD
STREET ADDRESS PETERSEN, THOMAS K.
CITY-ST-ZIP 5770 MILLER RD.
MIAMI FL 33155

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

TITLE ☒ Delete
NAME TD
STREET ADDRESS HERRING, GREG
CITY-ST-ZIP 1407 WEST STASSNEY LANE
AUSTIN TX

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS MICHAEL PIERCEY, M.D.
CITY-ST-ZIP 555 SOUTH WEST 1486A AVE
SUNRISE, FLA 33325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00 (S12) 4640239
Date Daytime Phone #

CR2E037 (9/99)