

4/10.

FILED
May 30, 2002 8:00 am
Secretary of State

04-10-2002 90483 039 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002058

1. Entity Name

EDWARD AND DORIS BROWN FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

756 BEACHLAND BLVD.
VERO BEACH FL 32963756 BEACHLAND BLVD.
VERO BEACH FL 32963

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

65-1089816

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CALISTRI, SUSAN A
 756 BEACHLAND BLVD.
 VERO BEACH FL 32963

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 FeesMake Check Payable to
Department of State

DE

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President/Director ☐ Delete
 NAME Edward I. Brown
 STREET ADDRESS 1009 Indian River Drive
 CITY-ST-ZIP Sebastian, Florida 32958

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

TITLE Vice President/Director ☐ Delete
 NAME Doris A. Brown
 STREET ADDRESS 1009 Indian River Drive
 CITY-ST-ZIP Sebastian, Florida 32958

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

TITLE DIRECTOR ☐ Delete
 NAME NANCY B. KECK
 STREET ADDRESS 1268 EVERETT
 CITY-ST-ZIP LOUISVILLE KY 40204

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

TITLE DIRECTOR ☐ Delete
 NAME JOHN N. TAYOR
 STREET ADDRESS DUNHAM RD
 CITY-ST-ZIP WALL TOWNSHIP N.J. 07727

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

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)(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 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

Date

Daytime Phone #

CR2E037 (9/01)