

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

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90055 034 ****61.25

DOCUMENT # NO 2000003382

1. Entity Name

BROTHERWOOD AWARENESS SOCIETY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

410 WEST NINE ROAD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 597

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

DEER PARK NY

Zip

32534

Country

Zip

11729-0597

Country

4. FEI Number

01-0681436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FELIX ESCALIER

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

410 WEST NINE ROAD

City

PENSACOLA

FL

Zip Code

32534

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TRUSTEE
KEN CORBIN
410 WEST NINE ROAD
PENSACOLA, FL 32534

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TRUSTEE
DAVID DOVAL
61-E PINE AIRE DRIVE
BAY SHORE, NY 11706

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TRUSTEE
FELIX ESCALIER
410 WEST NINE ROAD
PENSACOLA, FL 32513

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

FELIX ESCALIER 6/17/03

1-888-664-0463

CR2E037B (12/02)