

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90017 023 ****61.25

DOCUMENT # N30971

1. Entity Name

THE BILL C. AND PATRICIA P. BROWN CHARITABLE FOU

Principal Place of Business

1543 PALMETTO LANE
SARASOTA FL 34236

Mailing Address

1543 PALMETTO LANE
SARASOTA FL 34236

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

30-6326564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEITL, WAYNE F.
3572 FERDELL
SARASOTA FL 34235

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, 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

TITLE PD ☐ Delete
NAME BROWN, BILL C.
STREET ADDRESS 1543 PALMETTO LANE
CITY-ST-ZIP SARASOTA FL

TITLE STD ☐ Delete
NAME BROWN, PATRICIA P.
STREET ADDRESS 1543 PALMETTO LANE
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ Delete
NAME BAKER, CLAIRE BROWN
STREET ADDRESS 1543 PALMETTO LANE
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ Delete
NAME BROWN, LISA KAY
STREET ADDRESS 1543 PALMETTO LANE
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ Delete
NAME REMAK, CAROL BROWN
STREET ADDRESS 1543 PALMETTO LANE
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ Delete
NAME BROWN, DANIEL C.
STREET ADDRESS 1543 PALMETTO LANE
CITY-ST-ZIP SARASOTA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/01

941-365-1169

CR2E037 (10/00)