## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N30971**

1. Entity Name

## THE BILL C. AND PATRICIA P. BROWN CHARITABLE FOU



**Secretary of State** 01-24-2003 90067 026 \*\*\*\*61.25

**FILED** 

Jan 24, 2003 8:00 am

NDATION,	INC.					<b>′</b>				
Principal Place of Business 1543 PALMETTO LANE SARASOTA FL 34236			Mailing Address 1543 PALMETTO LANE SARASOTA FL 34236							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 30-6326564 Applied For Not Applicat			·	7
Zip Country		Zip (		untry	3. Certificate of Status Desired		\$8.75 Add	75 Additional		
6. Name and Address of Current			it Registered Agent	Registered Agent		7. Name and Address of New Registered Agent				_
	O. Wallie	and Address of Correct	it Hegistered Agent		Name	7. (48/110 0/10 7/00	reas of them ringistered s	-gont		1
SEITL, WAYNE F. 3572 FERNDELL					Street Address (P.O. Box Number is Not Acceptable)					
1	TA FL 3423	5			<u> </u>			<del></del> -		1
	.,,,,	-			City	FL		Zip Code		1
8. The above the obligat	named entit	y submits this statement i	for the purpose of changi	ng its register	ed office or registe	ered agent, or both, in	the State of Florida. I am	amiliar with,	and accept	1
•										
SIGNATURE .										ĺ
	Signature, typed	or printed name of registered ager	nt and title if applicable.	(NOTE: Registere	d Agent signature require	ed when reinstating)	DATE			]
FILE NOW: FEE IS \$61.25				9. Election Campalgn Financing Trust Fund Contribution.			\$5.00 May Be Make Check Payable to			
			Irust Fi	una Contributi	ion.	Added to Fees	Florida Depar	tment of s	State	
10.		OFFICERS AND D	IRECTORS	11.	···	ADDITIONS/CHANG	ES TO OFFICERS AND DI	RECTORS IN	1 10	1
TITLE	PD		☐ Delete	TITL	E			☐ Change	Addition	] (S
NAME	BROWN, E			NAM			,,			5
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 1543 PALMETTO LANE SARASOTA FL				ET ADDRESS		••			037
	STD	A FL				V		Change	☐ Addition	CR2E037 (10/02)
NAME		ATRICIA P.	☐ Delete	TITLE	l l	ممر 🙃		[   Change	Augition	2
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NAME CERSET ADDRESS		LAIRE BROWN		NAM	1.					
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NAME	BROWN, L	ISA KAY	i Delete	NAM.	<b>I</b>			[_] Onlings		
STREET ADDRESS		METTO LANE		STRE	ET ADDRESS					
CITY-ST-ZIP	SARASOTA			CITY	-ST-ZIP					
TITLE	D		☐ Delete	TITLE	=			☐ Change	Addition	
NAME		AROL BROWN		: NAM						
STREET ADDRESS	1543 PALN	METTO LANE		STRE	ET ADDRESS					1

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 in the receiver of the corporation or the receiver or trustee empowered in the receiver of the corporation of the receiver of the of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

SIGNATURE: \_

SARASOTA FL

SARASOTA FL

BROWN, DANIEL C.

1543 PALMETTO LANE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

■ Addition