

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90055 010 ****70.00

DOCUMENT # N34822

1. Entity Name

OUR FATHER'S BUSINESS, INC.

R

Principal Place of Business

% BROWN, GREGORY
 215 SW 12TH ST
 DANIA FL 33004-4229

Mailing Address

% BROWN, GREGORY
 215 SW 12TH ST
 DANIA FL 33004-4229

00106441



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0153793

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BROWN, GREGORY C
 215 SW 12 ST
 DANIA FL 3300

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

After September 13, 2000 min. will be \$236.25

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 D ☒ Delete
 NAME STEWART, BRAIN P
 STREET ADDRESS 1745 N ASHBROOK CIRCLE
 CITY-ST-ZIP MESA AZ 85203

TITLE D/T ☐ Change ☒ Addition
 NAME ROBERT POWE
 STREET ADDRESS 551 N.W. 43RD CT.
 CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE D ☒ Delete
 NAME ERLSTEN, CECILE M
 STREET ADDRESS 3101 NE 47 CT
 CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ Change ☒ Addition
 NAME ROBERT W. KENNEDY
 STREET ADDRESS 1555 N. 12TH CT. APT 1A
 CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE PSTD ☐ Delete
 NAME BROWN, GREGORY
 STREET ADDRESS 215 SW 12 ST.
 CITY-ST-ZIP DANIA FL 33004-4229

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Delete
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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:

GREGORY C. BROWN, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-00

(954)922-7461

Date

Daytime Phone #

CR2E037 (5/00)