

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001006

1. Entity Name

THE BROWN FOUNDATION, INC.

Principal Place of Business

1200 NO. FEDERAL HIGHWAY STE 411
BOCA RATON FL 33432

Mailing Address

1200 NO. FEDERAL HIGHWAY STE 411
BOCA RATON FL 33432-2847

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FORBES, PHILIP H
1200 NO. FEDERAL HIGHWAY STE 411
BOCA RATON FL 33432

4. FEI Number

65-0685900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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
NAME BROWN, PAUL A MD
STREET ADDRESS 1744 SOUTH OCEAN
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE VD
NAME BROWN, CYNTHIA R
STREET ADDRESS 1744 SOUTH OCEAN
CITY-ST-ZIP PALM BEACH FL ☐ Delete

TITLE SD
NAME BROWN RICHARD A
STREET ADDRESS RIGISTER 28
CITY-ST-ZIP CH 8006 ZURICH SW ☐ Delete

TITLE TD
NAME BROWN, MARK S MD
STREET ADDRESS 1100 SAVANAH DR.
CITY-ST-ZIP MOBILE AL 36609 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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)(l), 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 #

JAN. 8, 2000



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/99)