

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001109

1. Entity Name

BROWN COMMUNITY DEVELOPMENT, INC. ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90080 030 ****61.25

Principal Place of Business

706 DELL TOBIAS AVE
 CLEWISTON FL 33440

Mailing Address

706 DELL TOBIAS AVE
 CLEWISTON FL 33440-5613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0728461
~~APPLIED FOR~~

Applied For

Not Applicable

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, PRISCILLA B
 706 DELL TOBIAS AVE
 CLEWISTON FL 33440

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, DWAYNE B**
 STREET ADDRESS **706 DELL TOBIAS AVE**
 CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **SD** ☐ Delete
 NAME **BROWN, PRISCILLA B**
 STREET ADDRESS **706 DELL TOBIAS AVE**
 CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **D** ☒ Delete
 NAME **WILLIAMS, DENISE**
 STREET ADDRESS **1135 VIRGINIA AVENUE**
 CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **TD** ☐ Delete
 NAME **BAILEY, FRANK D**
 STREET ADDRESS **1010 LOUISIANA AVE**
 CITY-ST-ZIP **CLEWISTON FL 33440**

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 **Elgenette Williams** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **1131 Florida Ave**
 CITY-ST-ZIP **Clewiston, FL 33440**

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

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

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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)(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 #

CR2E037 (9/99)