

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001109

1. Entity Name

BROWN COMMUNITY DEVELOPMENT, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90018 047 *****70.00

Principal Place of Business

Mailing Address

706 DELL TOBIAS AVE
CLEWISTON FL 33440

706 DELL TOBIAS AVE
CLEWISTON FL 33440

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME Member/D
NAME Rosa Dennis
STREET ADDRESS 706 Della Tobias
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILLIAMS, ELGENETTE
STREET ADDRESS 1131 FLORIDA AVENUE
CITY-ST-ZIP CLEWISTON FL 33440

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Priscilla B. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2001

CR2E037 (10/00)