2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 15, 2000 8:00 am Secretary of State DOCUMENT # N9900003608 02-15-2000 90022 033 ****61.25 THE BROWN FAMILY FOUNDATION, INC. Mailing Address Principal Place of Business C/G GARY N BROWN C/O KAHN & WAXMAN, P.A. 2101 NW CORPORATE BLVD P O BOX 450453 **BOCA RATON FL 33431** SUNRISE FL 33345-0453 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEL Number City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KAHN & WAXMAN, P.A. 2101 NW CORPORATE BLVD **BOCA RATON FL 33431** 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:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Defete TITLE TITLE ☐ Addition NAME NAME BROWN, GARY N STREET ADDRESS STREET ADDRESS 3435 STALLION LANE CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331 ☐ Delete ☐ Change ☐ Addition TITLE TITLE D NAME **BROWN. TONI** NAME STREET ADDRESS 3435 STALLION LANE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP <u> Weston FL-33331</u> ☐ Delete TITLE ☐ Change Addition FEINBERG, RON NAME STREET ADDRESS STREET ADDRESS 9400 SEA TURTLE MANOR CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED