# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 17, 2003 8:00 am**
**Secretary of State**
03-17-2003 91070 023 ****61.25

DOCUMENT # N99000003608

1. Entity Name
THE BROWN FAMILY FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O KAHN & WAXMAN, P.A.<br>2101 NW CORPORATE BLVD<br>BOCA RATON FL 33431 | C/O GARY N BROWN<br>866 NE 20 AVE<br>FORT LAUDERDALE FL 33301 |

☑ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| GARY BROWN | GARY BROWN |
| Suite, Apt. #, etc.: 4401 NW 124 AVE | Suite, Apt. #, etc.: 4401 NW 124 AVE |
| City & State: CORAL SPRINGS, FL | City & State: CORAL SPRINGS, FL |
| Zip: 33065 Country: USA | Zip: 33065 Country: USA |

4. FEI Number 65-0960920 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

KAHN & WAXMAN, P.A.
2101 NW CORPORATE BLVD
BOCA RATON FL 33431

**7. Name and Address of New Registered Agent**

Name: GARY BROWN

Street Address (P.O. Box Number is Not Acceptable): 4401 NW 124 AVE

City: CORAL SPRINGS **FL** Zip Code: 33065

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWN, GARY N<br>3435 STALLION LANE<br>WESTON FL 33331 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>4401 NW 124 AVE<br>CORAL SPRINGS, FL 33065 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWN, TONI<br>3435 STALLION LANE<br>WESTON FL 33331 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>4401 NW 124 AVE<br>CORAL SPRINGS, FL 33065 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FEINBERG, RON<br>9400 SEA TURTLE MANOR<br>PLANTATION FL 33324 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/02)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED