

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12662

1. Entity Name

BROOKS BROTHERS, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90083 004 \*\*\*158.75

Principal Place of Business

Mailing Address

346 MADISON AVENUE  
NEW YORK NY 10017

346 MADISON AVENUE  
NEW YORK NY 10017-3703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0297084

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ASD  
NAME STONE, LEWIS BART  
STREET ADDRESS 200 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY ☒ Delete

TITLE SECRETARY  
NAME MINDY NOVACK  
STREET ADDRESS 346 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY 10017 ☐ Change ☒ Addition

TITLE DP  
NAME GROMEK, JOSEPH R  
STREET ADDRESS 346 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE EV  
NAME MARVIN COOPER  
STREET ADDRESS 346 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE SV  
NAME FLANAGAN, MICHAEL  
STREET ADDRESS 346 MADISON AVE.  
CITY-ST-ZIP NEW YORK NY 10017 ☐ Delete

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

TITLE EV  
NAME MARTYN OSBORNE  
STREET ADDRESS 346 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY ☐ Delete

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

TITLE D  
NAME CHRIS LITTMODEN  
STREET ADDRESS 346 MADISON AVE.  
CITY-ST-ZIP NEW YORK NY ☒ Delete

TITLE DIRECTOR  
NAME PHILIP GUY MCCracken  
STREET ADDRESS 346 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY 10017 ☐ Change ☒ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE MICHAEL D FLANAGAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/00

Daytime Phone #

CR2E034 (9/99)