

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14515

1. Entity Name

BROWN & WILLIAMSON TOBACCO CORPORATION

Principal Place of Business

Mailing Address

200 BROWN & WILLIAMSON TOWER  
P O BOX 35090  
LOUISVILLE KY 40232  
US

200 BROWN & WILLIAMSON TOWER  
P O BOX 35090  
LOUISVILLE KY 40232-5090  
US

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 61-0144470

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 VCFO  
NAME SCHOENBACHLER, CARL L.  
STREET ADDRESS 200 BROWN & WILLIAMSON TOWER P O B 35090  
CITY-ST-ZIP LOUISVILLE KY 40232 ☐ Delete

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

TITLE PCEO  
NAME BROOKES, NICK  
STREET ADDRESS 200 BROWN & WILLIAMSON TOWER P O B 35090  
CITY-ST-ZIP LOUISVILLE KY 40232 ☐ Delete

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

TITLE SVP  
NAME MCGRAW, MICHAEL J.  
STREET ADDRESS 200 BROWN & WILLIAMSON TOWER P O B 35090  
CITY-ST-ZIP LOUISVILLE KY 40232 ☐ Delete

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

TITLE SVP  
NAME PEPPLS, E.  
STREET ADDRESS 200 BROWN & WILLIAMSON TOWER P O B 35090  
CITY-ST-ZIP LOUISVILLE KY 40232 ☐ Delete

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

TITLE VPS  
NAME BURKE, F. ANTHONY  
STREET ADDRESS 200 BROWN & WILLIAMSON TOWER P O B 35090  
CITY-ST-ZIP LOUISVILLE KY 40232 ☐ Delete

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

TITLE AS  
NAME SHADBURNE, G.G.  
STREET ADDRESS 200 BROWN & WILLIAMSON TOWER P O B 35090  
CITY-ST-ZIP LOUISVILLE KY 40232 ☐ Delete

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

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 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 #

FILED

Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90146 043 \*\*\*150.00

00063958



DO NOT WRITE IN THIS SPACE