

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014204

1. Entity Name

1601 BROWN BOULEVARD INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90500 004 ***150.00

00026947



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1801 HERMITAGE BLVD. STE 600 TALLAHASSEE FL 32408 US	Mailing Address 1801 HERMITAGE BLVD STE 600 TALLAHASSEE FL 32308 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	75-2472199	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID E. TODD
1801 HERMITAGE BLVD.
STE 100
TALLAHASSEE FL 32308

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 _____ (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, 2001 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	P	<input type="checkbox"/> Delete
NAME	SMITH, G A	
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY #800	
CITY-ST-ZIP	DALLAS TX 75231-6437	
TITLE	DVAT	<input checked="" type="checkbox"/> Delete
NAME	QUICK, LYNNE	
STREET ADDRESS	1801 HERMITAGE BLVD #600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KROENER, BRENT W	
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY #800	
CITY-ST-ZIP	DALLAS TX 75231-6437	
TITLE	V	<input type="checkbox"/> Delete
NAME	FULTON, WILLIAM W	
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY #800	
CITY-ST-ZIP	DALLAS TX 75231-6437	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	HORTON, JAMES W	
STREET ADDRESS	1801 HERMITAGE BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL 32408	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FARALDO, MARK	
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY #800	
CITY-ST-ZIP	DALLAS TX 75231-6437	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas W. Bennett	
STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	DVAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynne M. Gray	
STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Regina Weaver	
STREET ADDRESS	8750 N. Central Expressway, #800	
CITY-ST-ZIP	Dallas, TX 75231	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Gerigk	
STREET ADDRESS	8750 N. Central Expressway, Suite 800	
CITY-ST-ZIP	Dallas, TX 75231	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Plumlee	
STREET ADDRESS	8750 N. Central Expressway, Suite 800	
CITY-ST-ZIP	Dallas, TX 75231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Douglas W. Bennett, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850/488-4406

CR2E034 (10/00)