## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 12, 2000 8:00 am Secretary of State DOCUMENT # P96000009381 1. Entity Name TUCHMAN & BROWN INVESTMENT, INC. NO. 2 01-12-2000 90095 036 \*\*\*150.00 Mailing Address Principal Place of Business 53 DUNBAR RD 53 DUNBAR RD PALM BEACH GARDENS FL 33418-6828 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0642175 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROWN, JEFFREY B Street Address (P.O. Box Number is Not Acceptable) 53 DUNBAR RD PALM BEACH GARDENS FL 33418 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. STD ☐ Delete TITLE Change Addition TITLE BROWN, JEFFREY B NAME NAME STREET ADDRESS STREET ADDRESS 53 DUNBAR ROAD CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete Change Addition TITLE TITLE BROWN, NANCY R NAME STREET ADDRESS 53 DUNBAR ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Change ☐ Addition □ Delete TITLE TITLE TUCHMAN, MICHAEL M NAME NAME STŘEET ADDŘÈSS STREET ADDRESS 72 DUNBAR ROAD CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Change Addition Delete TITLE TITLE TUCHMAN, CAROL M NAME NAME STREET ADDRESS STREET ADDRESS 72 DUNBAR ROAD CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

OFFRINTED NAME OF SIGNING OFFICER OR DIRECTOR