

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060467

1. Entity Name

BROWNWOOD, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90075 012 \*\*\*150.00

Principal Place of Business

Mailing Address

2409 SW 13TH ST.  
GAINESVILLE FL 32601

2409 SW 13TH ST.  
GAINESVILLE FL 32608-2008

LUUSJ00J

2. Principal Place of Business

3. Mailing Address

2711 NW 29TH PLACE

2711 NW 29TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GAINESVILLE FL.

City & State

GAINESVILLE, FL.

4. FEI Number

59-3459312

Applied For

Not Applicable

Zip

Country

32605

ALABAMA

Zip

Country

32605

ALABAMA

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

BROWN, DAVID F  
2409 SW 13TH ST.  
GAINESVILLE FL 32601

Name

BROWN, DAVID F.

Street Address (P.O. Box Number is Not Acceptable)

2711 NW 29TH PLACE

GAINESVILLE,

City

FL

Zip Code

32605

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 ☐ Delete  
NAME D  
STREET ADDRESS BROWN, DAVID F  
CITY-ST-ZIP 2000 SW 11TH TERR.  
GAINESVILLE FL 32601

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS BROWN, DAVID F.  
CITY-ST-ZIP 2711 NW 29TH PLACE  
GAINESVILLE, FL. 32605

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BROWN, STEPHANIE L  
CITY-ST-ZIP 2000 SW 11TH TERR.  
GAINESVILLE FL 32601

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS BROWN, STEPHANIE L  
CITY-ST-ZIP 2711 NW 29TH PLACE  
GAINESVILLE, FL. 32605

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/2000

352  
373-6332

CR2E034 (9/99)