

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90002 034 \*\*\*150.00

**DOCUMENT # P97000060732**

1. Entity Name

**BROWN & STANFORD COMPANY, INC.**

Principal Place of Business

Mailing Address

5666 SUMMERALL RD  
 JACKSONVILLE FL 32216  
 US

5666 SUMMERALL RD  
 JACKSONVILLE FL 32216-5902  
 US

2. Principal Place of Business

5666 Summerall Road

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State  
 Jacksonville, Florida

City & State

Zip  
 32216

Country  
 Duval

Zip

Country

4. FEI Number **59-3457084**

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

**STANFORD, JOHN C J JR**  
**5666 SUMMERALL RD**  
**JACKSONVILLE FL 32216**

Name

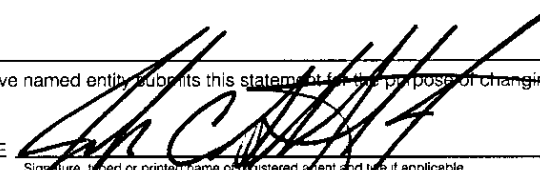
Street Address (P.O. Box Number is Not Acceptable)

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  **John C. Stanford, Jr., President** **4/28/00**

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 **P**  Delete  
 NAME **STANFORD, JOHN C JR.**  
 STREET ADDRESS **5666 SUMMERALL RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST**  Delete  
 NAME **STANFORD, VICTORIA B**  
 STREET ADDRESS **5666 SUMMERALL RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **Williams, Jr., James F.**  
 STREET ADDRESS **215 N. CELERY AVENUE** Vice Pres.  
 CITY-ST-ZIP **JACKSONVILLE, FL 32220**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **Vice President**  
 STREET ADDRESS **Williams, Paul R.**  
 CITY-ST-ZIP **5666 Summerall Rd.**  
**Jacksonville, FL 32216**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

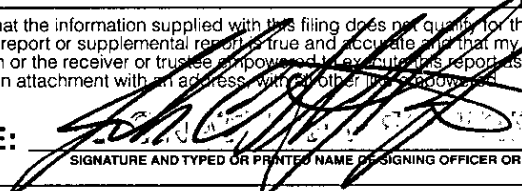
TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 lines approved.

SIGNATURE:  **John C. Stanford, Jr, President 4/28/00 (904) 3670500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)