

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060732

1. Entity Name

BROWN & STANFORD COMPANY, INC.

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

06-07-2000 90002 034 ***150.00

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

4. FEI Number **59-3457084**

Applied For

Not Applicable

Zip
32216

Country

Duval

Zip

Country

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 RP
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 date 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	<input type="checkbox"/> Delete
NAME	STANFORD, JOHN C JR.	
STREET ADDRESS	5666 SUMMERALL RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STANFORD, VICTORIA B	
STREET ADDRESS	5666 SUMMERALL RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	Williams, Jr., James F.	<input type="checkbox"/> Delete
NAME	215 N. CELERY AVENUE Vice Pres.	
STREET ADDRESS	JACKSONVILLE, FL 32220	
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Williams, Paul R.	
STREET ADDRESS	5666 Summerall Rd.	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
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 another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Stanford, Jr., President 4/28/00 (904) 3670520

Date

Daytime Phone #

CR2E034 (9/99)