

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90034 005 ***150.00

DOCUMENT # P98000103333

1. Entity Name

IKE BROWN INSURANCE, INC.

Principal Place of Business

601 NORTH 15TH STREET
 SUITE A
 IMMOKALEE FL 34142

Mailing Address

601 NORTH 15TH STREET
 SUITE A
 IMMOKALEE FL 34142-2803

2. Principal Place of Business

601A NORTH 15th St.

Suite, Apt. #, etc.

3. Mailing Address

601A NORTH 15th St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Immokalee FL

City & State

Immokalee FL

4. FEI Number

59-3547184

Applied For

Not App.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip

34142

Country

Collier

Zip

34142

Country

Collier

6. Name and Address of Current Registered Agent

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-00

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
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BROWN, IKE O	
STREET ADDRESS	601 NORTH 15TH STREET	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	V	<input type="checkbox"/> Delete
NAME	JACKSON, BRENDA	
STREET ADDRESS	601 NORTH 15TH STREET	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORONADO, SUZANNE	
STREET ADDRESS	601 NORTH 15TH STREET	
CITY-ST-ZIP	IMMOKALEE FL 34142	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-00

941-657-5141

Date

Daytime Phone #