

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011089

1. Entity Name

WILLIAM L. BROWDER & ASSOCIATES, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90125 040 \*\*\*150.00

Principal Place of Business

17179 AMBERJACK LANE  
 SUMMERLAND KEY FL 33042

Mailing Address

P.O. BOX 440371  
 SUGARLOAF SHORES FL 33044-0371

2. Principal Place of Business

3. Mailing Address

145 S. Point Dr.  
 Suite, Apt. #, etc.

PO Box - Same  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUGARLOAF SHORES, FL

City & State

4. FEI Number

65-0902519

Applied For

Not Applicable

Zip

33042

Country

MONROE

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name LYNN J. BAACK

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

145 S. Point Dr.

City SUGARLOAF SHORES

FL

Zip Code 33042

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 *Lynn J. Baack*

LYNN J. BAACK, VD

4/27/00

Signature, type, 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

TITLE PD  
 NAME BROWDER, WILLIAM L  
 STREET ADDRESS 17179 AMBERJACK LANE  
 CITY-ST-ZIP SUMMERLAND KEY FL 33042 ☐ Delete

TITLE VD  
 NAME BAACK, LYNN J  
 STREET ADDRESS 17179 AMBERJACK LANE  
 CITY-ST-ZIP SUMMERLAND KEY FL 33042 ☐ Delete

TITLE ST  
 NAME BROWDER, BEVERLY C  
 STREET ADDRESS 17179 AMBERJACK LANE  
 CITY-ST-ZIP SUMMERLAND KEY FL 33042 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS 145 S. Point Dr.  
 CITY-ST-ZIP SUGARLOAF SHORES, FL 33042 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS 145 S. Point Dr.  
 CITY-ST-ZIP SUGARLOAF SHORES, FL 33042 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS 145 S. Point Dr.  
 CITY-ST-ZIP SUGARLOAF SHORES, FL 33042 ☒ Change ☐ Addition

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

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

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

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: *Lynn J. Baack* LYNN J. BAACK, VD

4/27/00

305-745-4124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #