

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090787

1. Entity Name

CATHRYN BROWNE & ASSOCIATES, INC.



**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90033 045 \*\*\*550.00

Principal Place of Business

1415 DOVE LANE  
ST. GEORGE ISLAND FL 32328

Mailing Address

1415 DOVE LANE  
ST. GEORGE ISLAND FL 32328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1805582

Applied For

Not Applicable

Zip

Country

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

BROWNE, CATHRYN S  
1415 DOVE LANE  
ST. GEORGE ISLAND FL 32328

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, 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
BROWNE, CATHRYN S  
1415 DOVE LANE  
ST. GEORGE ISLAND FL 32328 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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:

*Cathryn S. Browne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

Date

501-801-1703

Daytime Phone #

CR2E034 (5/00)



attachment # P99000090787  
DW86906

Cathryn Browne and Associates, Inc

We enclose the 2000 Uniform Business Report (UBR):

Please enclose a check for **\$550.00** made payable to :

***Department of State***

The original should be signed and mailed in the enclosed envelope to:

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**On or before September 13, 2000**

If you have any questions about your return, please contact us.

Very truly yours,

A handwritten signature in dark ink, appearing to be "A. Hart", is written over the printed name of the firm.

ARTHUR HART & CO., P.A.

Enclosure