

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S17486

1. Entity Name

BROWN FARM, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90188 009 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 365  
POMONA PARK FL 32181

P.O. BOX 365  
POMONA PARK FL 32181-0365

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3052449**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENNAU, ROSE LEE  
116 LAKESIDE DRIVE  
POMONA PARK FL 32181

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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	BANNON, SUSAN B.	2615 GLADSTONE TERRACE WOODSTOCK GA 30188	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	PRADELLA, JOAN V.	129 MIDDLETON PL POINT VEDRA FL 32082	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	NICHOLS, JUANITA B.	P.O. BOX 1063 N/A HAWTHORNE FL 32640	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	BROWN, JOE MACK	147 KEITH DR. CLARKESVILLE TN 37040	<input type="checkbox"/> Change <input type="checkbox"/> Addition	D	243 Ussery Road Clarksville, TN 37043	
<input type="checkbox"/> Delete	D	RENNAU, ROSE	P. O. BOX 365 N/A POMONA PARK FL 32181	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	BROWN, JAMES C.	1560 KINNARD DR. FRANKLIN TN 37064	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)