

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90127 048 ***150.00

DOCUMENT # S17486

1. Entity Name
BROWN FARM, INC.

Principal Place of Business Mailing Address
P.O. BOX 365 P.O. BOX 365
POMONA PARK FL 32181 POMONA PARK FL 32181

00052903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3052449** 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	D <input type="checkbox"/> Delete
NAME	BANNON, SUSAN B.
STREET ADDRESS	2615 GLADSTONE TERRACE
CITY-ST-ZIP	WOODSTOCK GA 30188
TITLE	D <input type="checkbox"/> Delete
NAME	PRADELLA, JOAN V.
STREET ADDRESS	129 MIDDLETON PL
CITY-ST-ZIP	POINT VEDRA FL 32082
TITLE	D <input type="checkbox"/> Delete
NAME	NICHOLS, JUANITA B.
STREET ADDRESS	P.O. BOX 1063 N/A
CITY-ST-ZIP	HAWTHORNE FL 32640
TITLE	D <input type="checkbox"/> Delete
NAME	BROWN, JOE MACK
STREET ADDRESS	243 USSERY RD
CITY-ST-ZIP	CLARKSVILLE TN 37043
TITLE	D <input type="checkbox"/> Delete
NAME	RENNAU, ROSE
STREET ADDRESS	P. O. BOX 365 N/A
CITY-ST-ZIP	POMONA PARK FL 32181
TITLE	D <input type="checkbox"/> Delete
NAME	BROWN, JAMES C.
STREET ADDRESS	1560 KINNARD DR.
CITY-ST-ZIP	FRANKLIN TN 37064

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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	
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 all other like empowered.

SIGNATURE: *X James C. Brown President* 13701 X615-819358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)