2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90142 030 ****61.25

DOCUMENT # 726237

1. Entity Name

THE CONCOURSE COUNCIL, INC.

Principal Place of Business	Mailing Address
15325 ALRIC POTTBERG SPRINGHILL FL 34610 US	15325 ALRIC POTTBERG SPRINGHILL FL 34610-7678 US

DO NOT WRITE IN THIS SPACE

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 23-7313687 ☐ Applied For ☐ Not Applicable

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
POULIN, ED 5325 MARIE POTTBERG RD SPRINGHILL FL 34610	Name: POULIN, EDMUND R. Street Address (P.O. Box Number is Not Acceptable): 15325 ALRIC POTTBERG RD. City: SPRING HILL, FL Zip Code: 34610

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POULIN, ED 10410 TAMI TRAIL HUDSON FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD POULIN, EDMUND R. 10410 TAMI TRAIL HUDSON, FL 34669	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD RAABE, JOHN 10700 FILLY LANE HUDSON FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAABE, JOHN 10700 FILLY LANE HUDSON, FL 34667	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD BUSCETTA, VINNY 7541 HIGH PINES NEW PORT RICHEY FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	✓	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD POTVIN, BONNIE 10010 WILLOW DR PORT RICHEY FL 34668	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD POULIN, BARBARA I. 10410 TAMI TRAIL HUDSON, FL 34669	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BINKETT, CEIL 21610 BRETT LANE LAND O LAKES FL 34639	☒ 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

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edmund R. Poulin REQUIRED EDMUND R. POULIN, PRES. 4/17/00 727-869-6486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #