

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90310 014 ****61.25

DOCUMENT # 726237

1. Entity Name

THE CONCOURSE COUNCIL, INC.

Principal Place of Business

15325 ALRIC POTTBERG
 SPRINGHILL FL 34610
 US

Mailing Address

15325 ALRIC POTTBERG
 SPRINGHILL FL 34610
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

POULIN, EDMUND R
 15325 ALRIC POTTBERG ROAD
 SPRINGHILL FL 34610

7. Name and Address of New Registered Agent

Name

James E Wilcox

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

6210 Keller Dr.

Port Richey

City

FL

Zip Code

34668

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

James E Wilcox

James E. Wilcox

1/29/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD POULIN, EDMUND R 10410 TAMI TRAIL HUDSON FL 34669	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAABE, JOHN 10700 FILLY LANE HUDSON FL 34667	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POULIN, BARBARA I 10410 TAMI TRAIL HUDSON FL 34669	☒ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	James E. Wilcox 6210 Keller Dr Port Richey, FL 34668	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karen S Wilcox 6210 Keller Dr. Port Richey, FL 34668	☒ 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

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:

SIGNATURE REQUIRED

James E Wilcox 1/29/01
 127-841-9904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)