

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90237 048 ****61.25

DOCUMENT # 726237

1. Entity Name

THE CONCOURSE COUNCIL, INC.

Principal Place of Business

**15325 ALRIC POTTBERG
 SPRINGHILL FL 34610
 US**

Mailing Address

**PO BOX 1272
 PORT RICHEY FL 34673
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7313687

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

**WILCOX, JAMES E
 6210 KELLER DR
 PORT RICHEY FL 34668**

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

James E Wilcox *James E Wilcox* *4/29/02*

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 **PTD** ☐ Delete
 NAME **WILCOX, JAMES E**
 STREET ADDRESS **6210 KELLER DR**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

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

TITLE **VD** ☒ Delete
 NAME **RAABE, JOHN**
 STREET ADDRESS **10700 FILLY LANE**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE **IK** ☒ Change ☐ Addition
 NAME **Isaacson VD**
 STREET ADDRESS **6827 Amberjack Lane**
 CITY-ST-ZIP **Hudson, FL 34667**

TITLE **SD** ☒ Delete
 NAME **WILCOX, KAREN S**
 STREET ADDRESS **6210 KELLER DR**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Julia Roath**
 STREET ADDRESS **12021 Altona Ave**
 CITY-ST-ZIP **Hudson, FL 34669**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Gregory Senio TD** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **4505 Dewey Drive**
 CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

James E Wilcox
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 *727-389-8011*
727-774-7455

CR2E037 (9/01)