2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 16, 2003 8:00 am Secretary of State 04-21-2003 90428 023 ****61.25 DOCUMENT # 726237 THE CONCOURSE COUNCIL, INC. Mailing Address Principal Place of Business 55641490 15325 AURIC POTTBERG PO BOX 1272 SPRINGHILL FL 34610 PORT RICHEY FL 34673 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES 4. FEI Number 23-7313687 City & State City & State Applied For Not Applicable Zio Country 7io Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILCOX, JAMES E Street Address (P.O. Box Number is Not Acceptable) 6210 KELLER DR PORT RICHEY FL 34668 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E037 (10/02) WILCOX, JAMES E NAME NAME IJ STREET ADDRESS STREET ADDRESS **6210 KELLER DR** CITY-ST-ZIP PORT RICHEY FL 34668 CITY-ST-ZIP VD Vice Presiden **⊠** Delate IIILE TITLE Change ☐ Addition ISSACSON, IKE NAME NAME 6827 AMBERJACK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **HUDSON FL 34667** SD TITLE ☐ Addition NAME ROATH, JULIE NAME 12021 ALTOONA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HUDSON FL 34669** CITY-ST-ZIP TD TITLE Delete TITLE SERIO. GREGORY NAME NAME STREET ADDRESS 4505 DEWEY DRIVE STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 ceth; 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: