

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90215 006 ***150.00

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1. Entity Name
CONCORD NEIGHBORHOOD CORPORATION



Principal Place of Business
1701 WINDHOEK DRIVE
LINCOLN NE 68512

Mailing Address
PO BOX 22579
LINCOLN NE 68512

2. Principal Place of Business

3. Mailing Address

P.O. Box 22579

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lincoln, NE

4. FEI Number

48-1111525

Applied For

Not Applicable

Zip

Country

Zip

Country

68542

U.S.A.

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PAS ☐ Delete
NAME CONKEL, JEFFREY L
STREET ADDRESS 1701 WINDHOEK DRIVE
CITY-ST-ZIP LINCOLN NE 68512

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

TITLE DVT ☐ Delete
NAME BIRD, LAWRENCE S
STREET ADDRESS 1701 WINDHOEK DRIVE
CITY-ST-ZIP LINCOLN NE 68512

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

TITLE VS ☐ Delete
NAME BIRD, NANCY L
STREET ADDRESS 1701 WINDHOEK DRIVE
CITY-ST-ZIP LINCOLN NE 68512

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

TITLE V ☐ Delete
NAME MARSHALL, ROBERT
STREET ADDRESS 1701 WINDHOEK DRIVE
CITY-ST-ZIP LINCOLN NE 68512

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

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Marshall

02/10/03

(402) 421-2551

Date

Daytime Phone #

CR2E034 (10/02)