

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90446 021 \*\*\*\*61.25

**DOCUMENT # N13647**

1. Entity Name

**CONCERNED BUSINESSMEN'S COALITION, INC.**

Principal Place of Business

C/O PAUL KUCK  
 2300 JETPORT DRIVE  
 ORLANDO FL 32809

Mailing Address

C/O PAUL KUCK  
 2300 JETPORT DRIVE  
 ORLANDO FL 32809

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

**59-2865373**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KUCK, PAUL**  
**2300 JETPORT DRIVE**  
**ORLANDO FL 32809**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retesting)

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 **D** ☐ Delete  
 NAME **KUCK, PAUL**  
 STREET ADDRESS **2300 JETPORT ROAD**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **VTD** ☒ Delete  
 NAME **NORMAN, GEORGE J.**  
 STREET ADDRESS **306 WILD OLIVE LN.**  
 CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☒ Delete  
 NAME **NORMAN, JAMES G.**  
 STREET ADDRESS **1549 GLASTONBERRY RD.**  
 CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President D** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2300 Jetport Drive**  
 CITY-ST-ZIP **32809**

TITLE **Vice President T** ☐ Change ☒ Addition  
 NAME **Rawls, Lloyd**  
 STREET ADDRESS **452 N. Kirkman Rd., Suite 101**  
 CITY-ST-ZIP **Orlando, FL 32811**

TITLE **Secretary/Treasurer T** ☐ Change ☒ Addition  
 NAME **Bill Forness**  
 STREET ADDRESS **250 E. Pine Street**  
 CITY-ST-ZIP **Orlando, FL 32801**

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

TITLE ☐ Change ☐ Addition  
 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 817, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-15-01**

Date

**407-855-8442**

Daytime Phone #

CR2E037 (10/00)