

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90088 015 \*\*\*150.00

**DOCUMENT # P00000086907**

**1. Entity Name**  
**CONCOURSE MANAGEMENT COMPNAY, INC.**



**Principal Place of Business**  
**5265 VILLAGE WAY**  
**FERNANDINA BEACH FL 32034**

**Mailing Address**  
**5265 VILLAGE WAY**  
**FERNANDINA BEACH FL 32034**

**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 59-3667897**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GALPHIN, W.N.**  
**5265 VILLAGE WAY**  
**FERNANDINA BEACH FL 32034**

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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** PD ☐ Delete  
**NAME** GALPHIN, W.N.  
**STREET ADDRESS** 5265 VILLAGE WAY  
**CITY-ST-ZIP** FERNANDINA BEACH FL 32034

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

**TITLE** VSTD ☐ Delete  
**NAME** GALPHIN, JOY H  
**STREET ADDRESS** 5265 VILLAGE WAY  
**CITY-ST-ZIP** FERNANDINA BEACH FL 32034

**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**

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**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, or in any other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/03 9043212514

CR2E034 (4/03)

Attachment

90153161

# P0000086907

CONCOURSE MANAGEMENT COMPANY, INC.  
5265 Village Way  
Fernandina Beach FL 32034

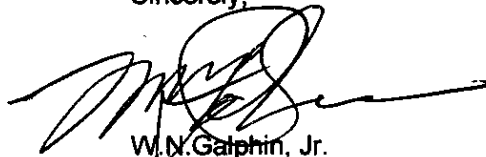
August 27, 2003

Department of State  
Division of Corporations  
Uniform Business Filings  
P.O. Box 1500  
Tallahassee, FL 32303-1500

Madam/Gentleman:

Enclosed is our Uniform Business Report filing along with our check in the amount of \$150.00.  
The enclosed form is the only correspondence we have received from your office this year and  
accordingly we request that any penalties be waived. Thank you.

Sincerely,



W.N. Galphin, Jr.  
President