

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000006270**

1. Entity Name

**COUNCIL PROPERTIES, INC.**

Principal Place of Business

Mailing Address

271 CUMQUAT ROAD, N.E.  
LAKE PLACID FL 33852271 CUMQUAT ROAD, N.E.  
LAKE PLACID FL 33852

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3440972**

Applied For

Not Applicable

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

**COUNCIL, JOSEPH E**  
**271 CUMQUAT ROAD NORTHEAST**  
**LAKE PLACID FL 33852**

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DT	<input type="checkbox"/> Delete
NAME	COUNCIL, JOSEPH E	
STREET ADDRESS	271 CUMQUAT RD NE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GEIST, NORAH KATHLEEN	
STREET ADDRESS	1811 E MONTEBELLO	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDHOLM WINIFRED C. C/O BOB PACE	
STREET ADDRESS	1040 E. PARK AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	PALMER, ELMINA C	
STREET ADDRESS	1606 S. MERIDIAN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	V	<input type="checkbox"/> Delete
NAME	COUNCIL, WILLIAM C	
STREET ADDRESS	36 COUNCIL ROAD	
CITY-ST-ZIP	VENUS FL 33960	
TITLE	S	<input type="checkbox"/> Delete
NAME	COUNCIL, MARY RUTH	
STREET ADDRESS	271 CUMQUAT ROAD, N.E.	
CITY-ST-ZIP	LAKE PLACID FL 33852	

TITLE	DTV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Council, William C.	
STREET ADDRESS	129 Citrus Road, NE	
CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph E. Council  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 8, 2001

Date

863-465-9715

Daytime Phone #

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90011 003 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)