

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90285 045 ***150.00

0473561 AV

DOCUMENT # P97000006270

1. Entity Name
COUNCIL PROPERTIES, INC.

Principal Place of Business
271 CUMQUAT ROAD, N.E.
LAKE PLACID FL 33852

Mailing Address
271 CUMQUAT ROAD, N.E.
LAKE PLACID FL 33852



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 **59-3440972**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DT
COUNCIL, JOSEPH E
271 CUMQUAT RD NE
LAKE PLACID FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DV
GEIST, NORAH KATHLEEN
1811 E MONTEBELLO
PHOENIX AZ 85016

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
COUNCIL, WILLIAM C
129 CITRUS ROAD NE
LAKE PLACID FL 33852

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
Ronald A. Council
668 N. W. 16th Avenue
Boca Raton, Florida 33486

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V
COUNCIL, WILLIAM C
36 COUNCIL ROAD
VENUS FL 33960

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V
Council, Joseph E.
271 Cumquat Road, N. E.
Lake Placid, Florida 33852

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
S
COUNCIL, MARY RUTH
271 CUMQUAT ROAD, N.E.
LAKE PLACID FL 33852

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
Janice C. Wheeler
94 East U.S. Highway 90
Glen St. Mary, Florida 32040

☐ Change ☒ Addition

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

Joseph E. Council, DVT **1/21/02** **(863)465-9715**

Date

Daytime Phone #

CR2E034 (9/01)